

Name in Full *Chromomous H. Alexander*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

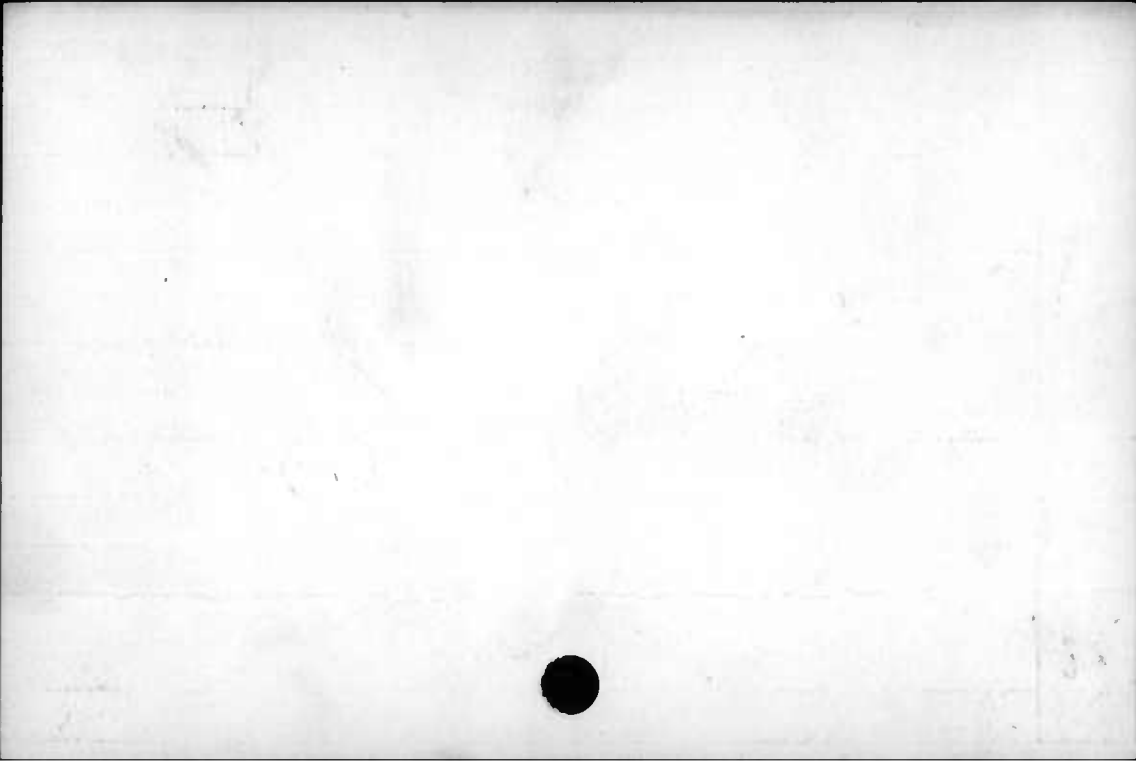
Died at <i>Rowlandsville</i> <small>Town</small>		<i>Chil</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Jan</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>69</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pleasant Grove Pa.</i>		
Occupation <i>Farmer</i>			Where Residing If not at place of death <i>Rowlandsville</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Reuben Alexander</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Catherine Alexander</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Amie A. Watson</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Duenna of Stomach</i>	How long <i>two pairs</i>
Immediate <i>Extremities</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W B Slicer</i>
	Address <i>Rocky Gun Mt.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Francis Bonday-

Town

County

Died at

Long 16 Corner 2 dist

Anne

MARYLAND

Date

of death 190

Month

1

Day

4

Age

Years

77

Months

Days

Sex

Female

Color or
Race

Caucasian

Birth-
place

Queen Anne C

Occupation

House keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

George Fisher

Father's
Birthplace

Kent Kansas

Mother's
Maiden Name

Don't know

Mother's
Birthplace

" "

Name of person giving
Information

Lester Bonday

How related
to deceased

Son

CAUSES OF DEATH

43

Primary

Carcinoma of Breast

How long

about 9 months

Immediate

Carcinoma of Breast

How long

about 9 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

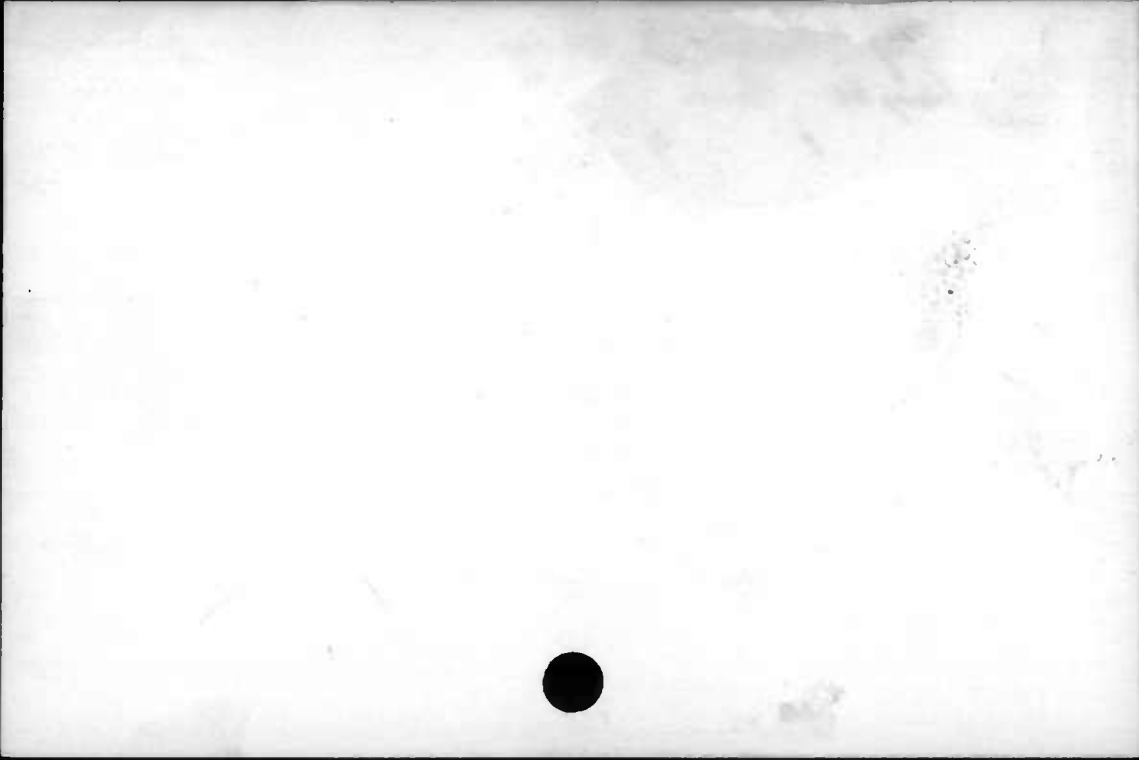
C. L. G. Lewis M.D.

Address

Pleasantville City Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
E. E. Brown		Lonsdale		Baltimore		MARYLAND	
Died at		Date of death		Age		Months Days	
1908		June 10		43			
Sex		Color or Race		Birth-place			
male		Caucasian		Port Deposit Md.			
Occupation		Where Residing if not at place of death					
none		Cherry Hill Md.					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Chas. Brown		Annie Allen		Port Deposit		Perryville	
Name of person giving information		How related to deceased					
William Boulden		Cousin					
		CAUSES OF DEATH		(27)			
Primary		How long					
Tuberculosis		Am years					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Address					
		Name of					

June

Name
in
Full

Letitia Jane Cameron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

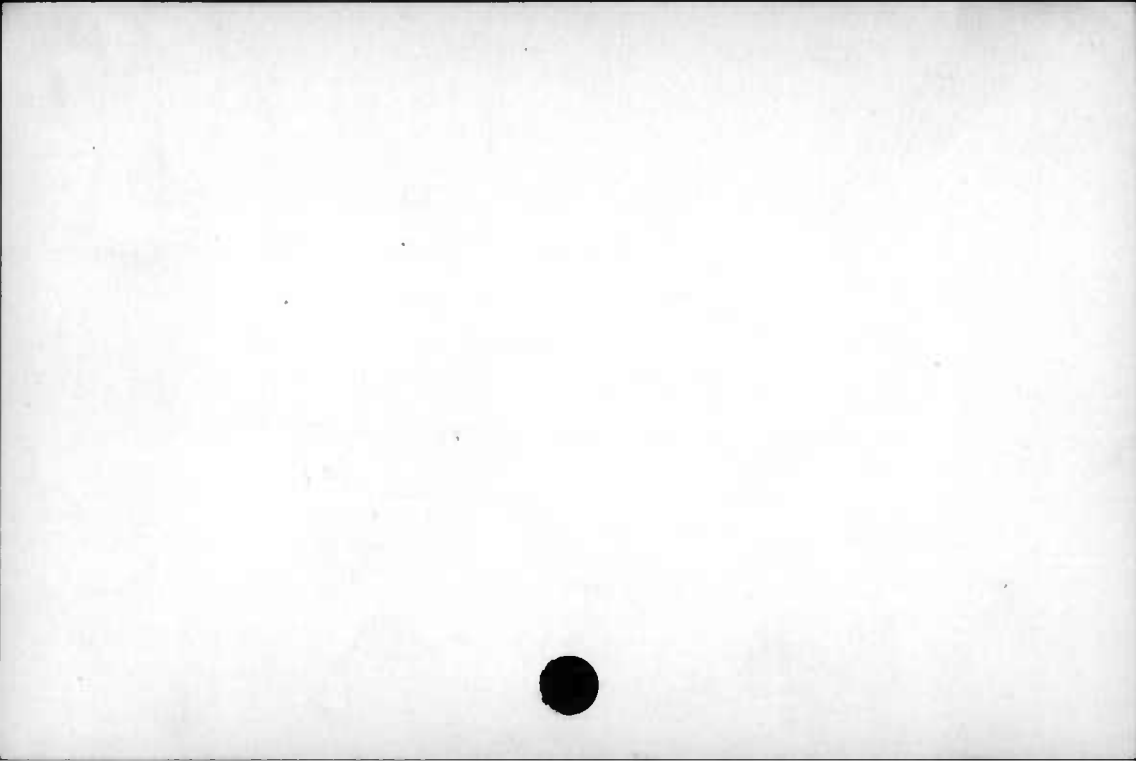
Died at <i>Farmington</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>January</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>64</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co Md</i>		
Occupation			Where Residing if not at place of death <i>Farmington Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Cameron</i>		Father's Birthplace <i>Monteale</i>			
Mother's Maiden Name <i>Sarah Maxfield</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>M R Cameron</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

131

PHYSICIAN
OR CORONER

Primary <i>Tuberc - of the lungs - Bronch</i>	How long <i>10 years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Jones</i>
	Address
Accident or Suicide?	



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

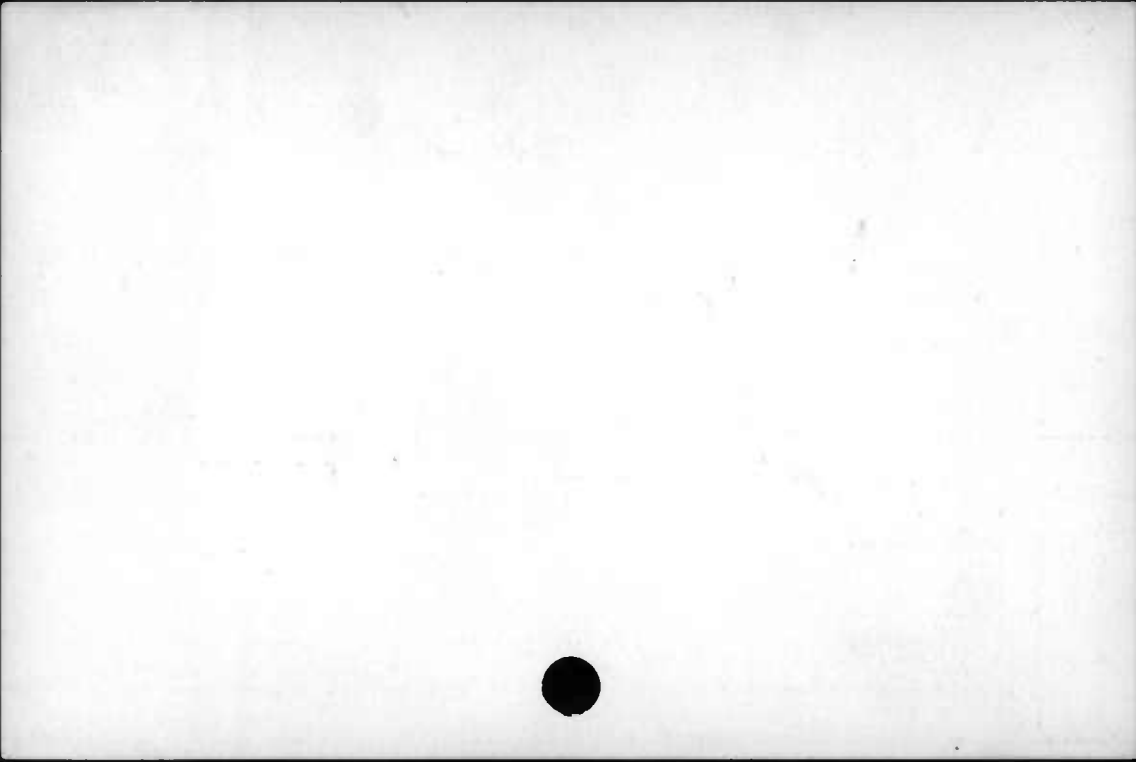
Died at <u>Charleston</u>		<u>Cecil</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>January</u>	Day <u>7th</u>	Age <u>75</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Cecil County</u>		
Occupation <u>Housekeeper</u>			Where Residing if not at place of death <u>in</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>-----</u>			
Father's Name <u>John F. Knight</u>			Father's Birthplace <u>Cecil County</u>		
Mother's Maiden Name <u>Margaret Garrison</u>			Mother's Birthplace <u>Cecil County</u>		
Name of person giving information <u>John R. Chapman</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	old age	How long	—
Immediate	Dilatation	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. J. Hamrick
		Address	North East Md
Accident or Suicide?	—		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

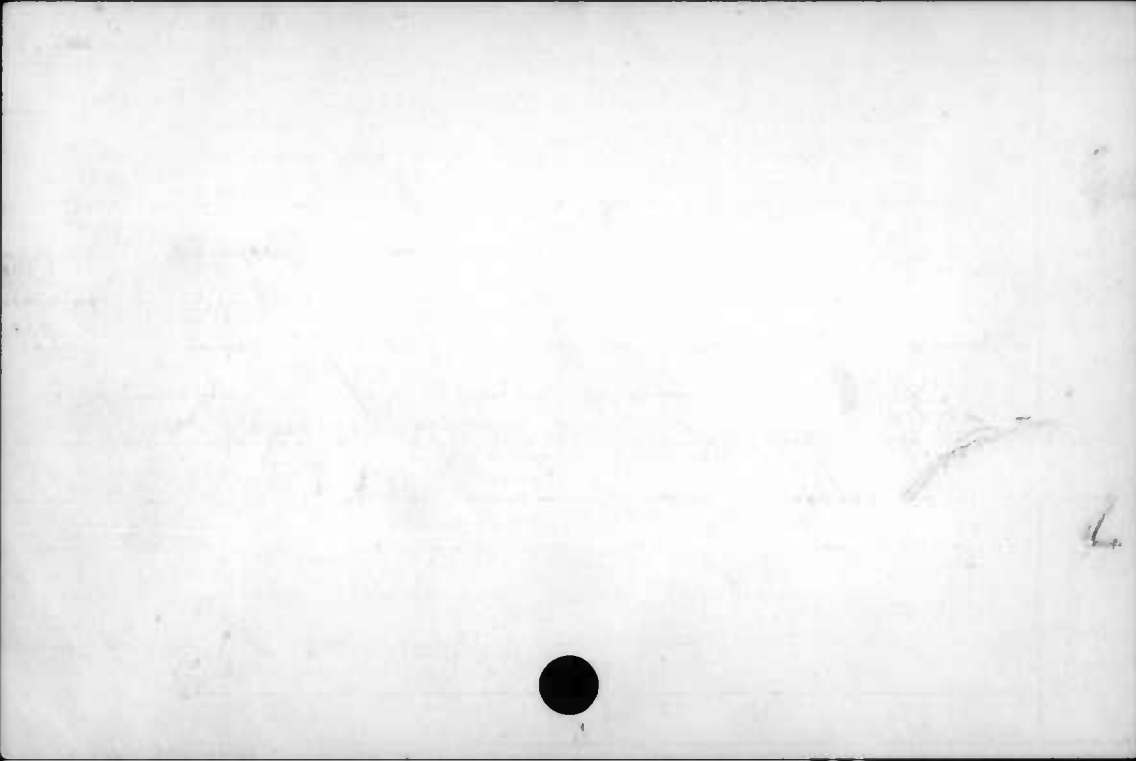
Died at <i>Rockport</i>		Town <i>Rockport</i>		County <i>Beall</i>		MARYLAND	
Date of death 190	8	Month <i>Jan</i>	Day <i>3</i>	Age <i>50</i>	Years	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>Lead</i>		Birth-place <i>Virginia</i>				
Married, Single or Widowed <i>Married</i>				Occupation <i>Quarryman</i>			
Name of wife or Husband <i>Grove Click</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Grove Click</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Fisher</i>
	Address <i>Rockport, Md.</i>
Accident or Suicide?	



Name
in
Full

Lewis K Cooper

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rising Sun</i> ^{Town}		<i>Desai</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>15</i>	Age <i>68</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rising Sun</i>		
Occupation <i>laborer</i>		Where Residing if not at place of death <i>Rising Sun</i>			
Married, Single <i>Married</i>	Name of Wife or Husband <i>Saura Chumbay</i>				
Father's Name <i>Jeremiah Cooper</i>	Father's Birthplace <i>Alama</i>				
Mother's Maiden Name <i>Rebecca Crawford</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Flora Cooper</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Actinomya</i>	How long <i>Some 4 years</i>
Immediate <i>Asphyxy</i>	How long <i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. James</i>
	Address 
Is there a cause?	



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

County _____

MARYLAND

Day _____

Age

Years

Months

Days

Sex *Female*

Color or Race

When be

Birth-
place

Occupation

Wife

Where Residing if not
at place of death

Greenhurst

~~Married, Single~~
~~or Widowed~~

Name of ~~the~~ or
Husband

Los 9. de junio

Father's
Name

Alex. Samson

Father's Birthplace

Ручка

Mother's
Maiden Name

Sarah Riley

Mother's Birthplace

9

Name of person giving
In formation

Stephen Seimmon

How related
to deceased

Don

CAUSES OF DEATH

Primary

CAUSES OF DEATH

Angine Pectoris

With me now

How long

Immediate

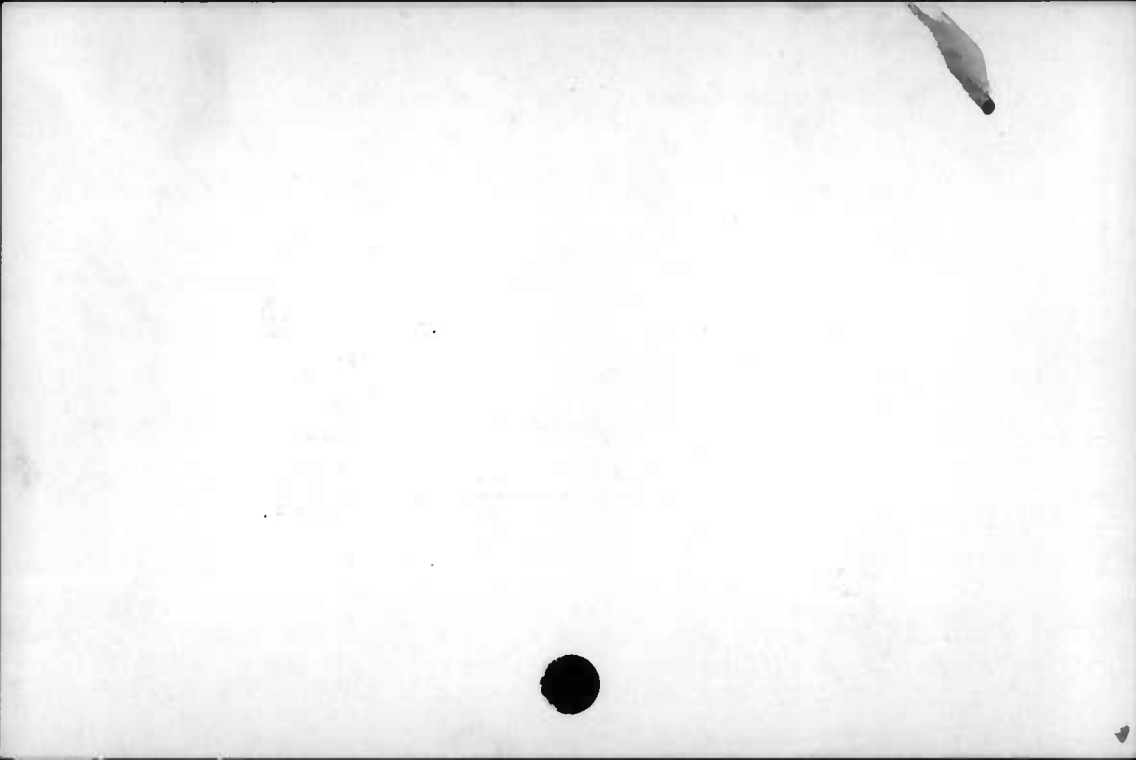
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Brunswick
N. H.

~~Accident~~ ~~Crime~~



Name
in
Full

Margaret. E. Ferguson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

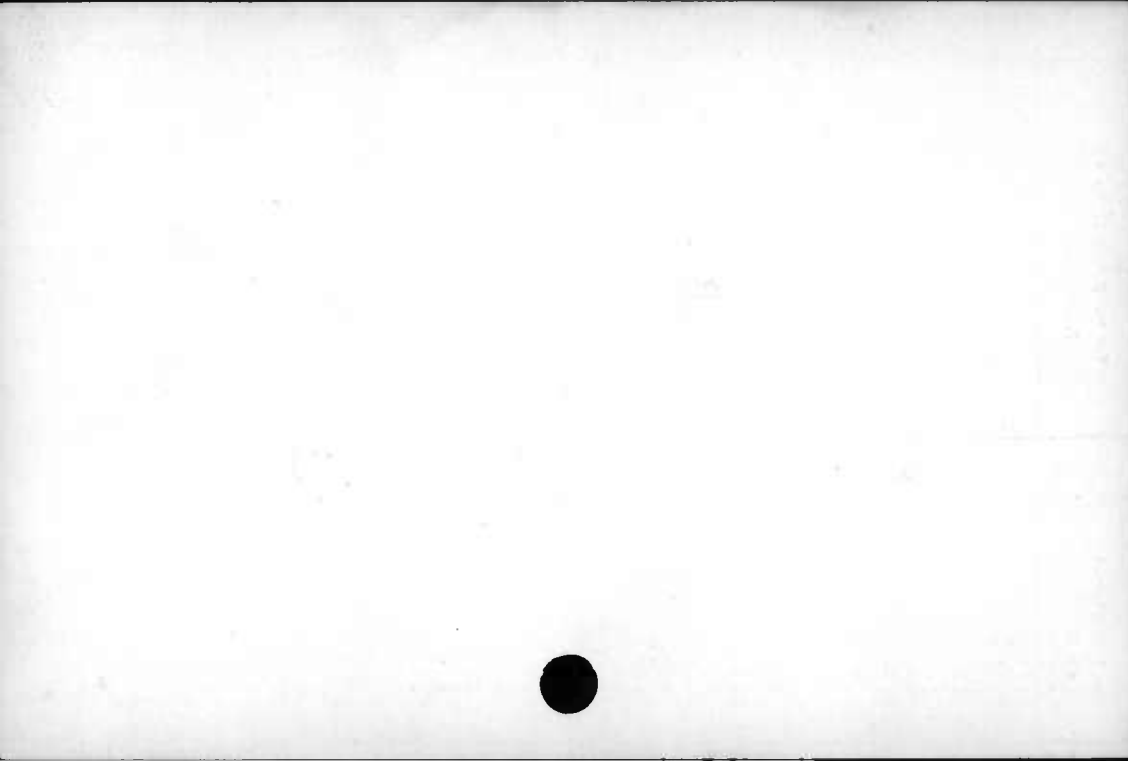
Died at		Town Cecilton		County Cecil		MARYLAND	
Date of death	1908	Month 1	Day 3	Age 78	Years	Months 1	Days 0
Sex	Female		Color or Race	White		Birth- place	Cecil Co
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Jno. E. Ferguson Sr			
Father's Name	Benedict Jones				Father's Birthplace	Md	
Mother's Maiden Name	Hester Ann Price				Mother's Birthplace	Md	
Name of person giving In formation	H. O. Ferguson				How related to deceased	Son	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Influenza	How long	7 days
Immediate	Pneumony	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. N. Crawford
		Address	Cecilton Md.
Accident or Suicide?			



Name
in
Full

Rebecca Green

82-1-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

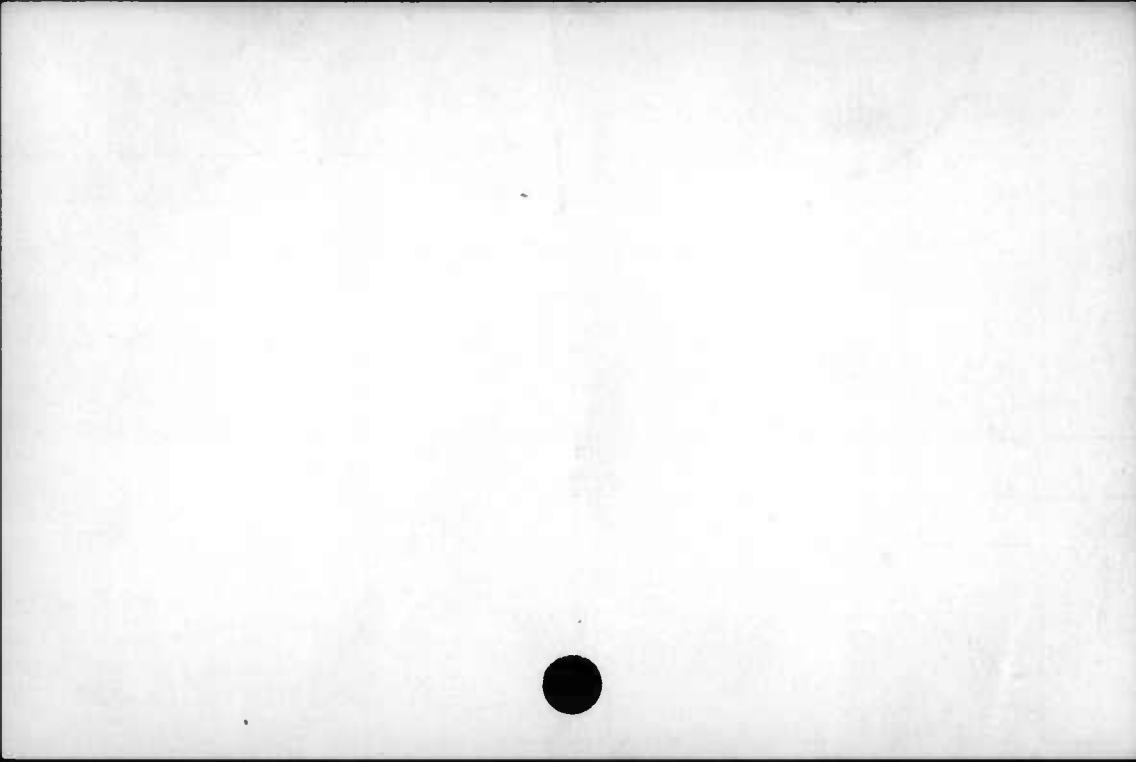
Died at <i>Oakwood</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>2</i>	Age <i>82</i>	Years <i>1</i>	Months <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co.</i>		
Occupation <i>house work</i>			Where Residing if not at place of death <i>Oakwood</i>		
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Liz Green</i> <i>deceased</i>			
Father's Name <i>William Hill</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Margaret Robison</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Hinford Green</i>			How related to deceased <i>son of deceased</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>about</i>
Immediate <i>Paralysis of Heart</i>	How long <i>months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Royal M.D.</i>
<i>R.R.</i>	Address <i>Conowingo Md.</i>
	Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

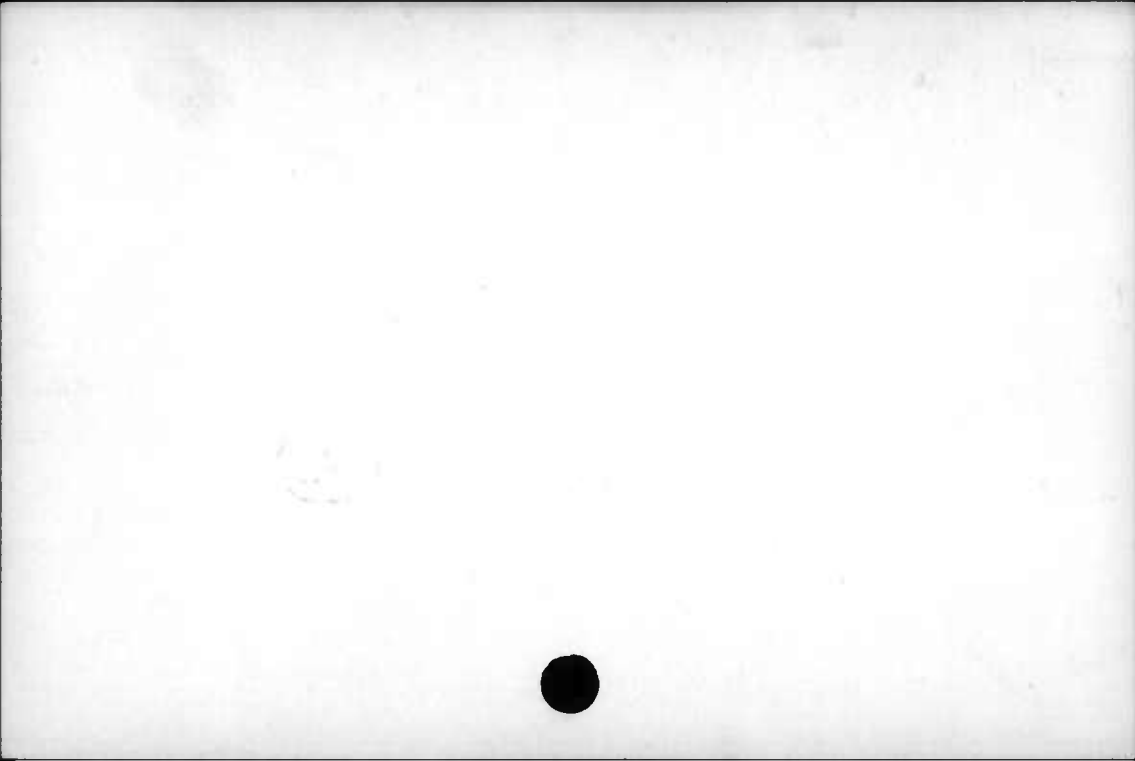
Died at <i>Cecil</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	1908	Month	1	Day	21
Age	39	Years		Months	
Sex	Male	Color or Race	Black	Birthplace	Cecil Co. Md.
Occupation	Labour		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	unknown		Father's Birthplace		
Mother's Maiden Name	Emily Griffie		Mother's Birthplace		
Name of person giving information	Thomas Francis		How related to deceased		
			Half Brother		

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	<i>Tuberculous Testicle</i>	How long	<i>one Year</i>
Immediate	<i>_____</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>9</i>		<i>E. N. Crawford</i>	
		Address	
		<i>Cecil Co</i>	
		<i>md</i>	
Accident or Suicide?			



Name
In
Full

Harriett. A. employee.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

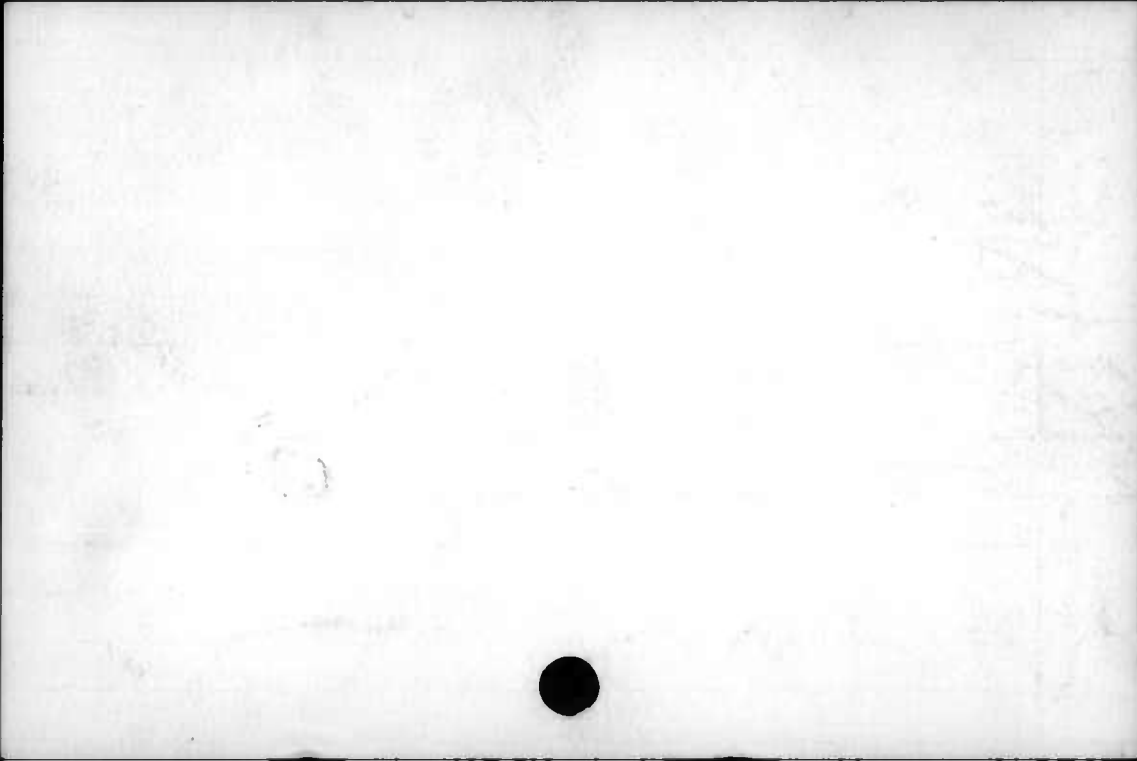
Died at		Town Chesapeake City		County Cecil		MARYLAND	
Date of death		1908	Month 1	Day 23	Age Years 81.	Months 4	Days 9
Sex Female		Color or Race White		Birth- place Elk Lick			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		James Stephenson			
Father's Name		Amos Slack		Father's Birthplace			
Mother's Maiden Name		Mary Buston		Mother's Birthplace		Elk Lick	
Name of person giving In formation		Mrs Martha Russ		How related to deceased		Daughter	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate	X	How long	X
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. E. Warner M.D.	
		Address	
		Chesapeake City Md.	
Accident or Suicide?			



Name
in
Full

Infant (not named) Hopkins

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port Deposit</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u>	Month <u>1</u>	Day <u>4</u>	Age <u>24</u> ^{Years} <u>hours</u>	<u>11</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Port Deposit</u>			
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Edward Hopkins</u>			Father's Birthplace <u>Port Deposit</u>		
Mother's Maiden Name <u>Addie Randall</u>			Mother's Birthplace <u>Anne Arundel Co</u>		
Name of person giving information <u>Edward Hopkins</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u>24 hours</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. Brown M.D.</u>
 Accident or Suicide?	Address <u>Port Deposit Md</u>

Geo. Young —

Name
in
Full

Lucilla Jackson

CERTIFICATE OF DEATH

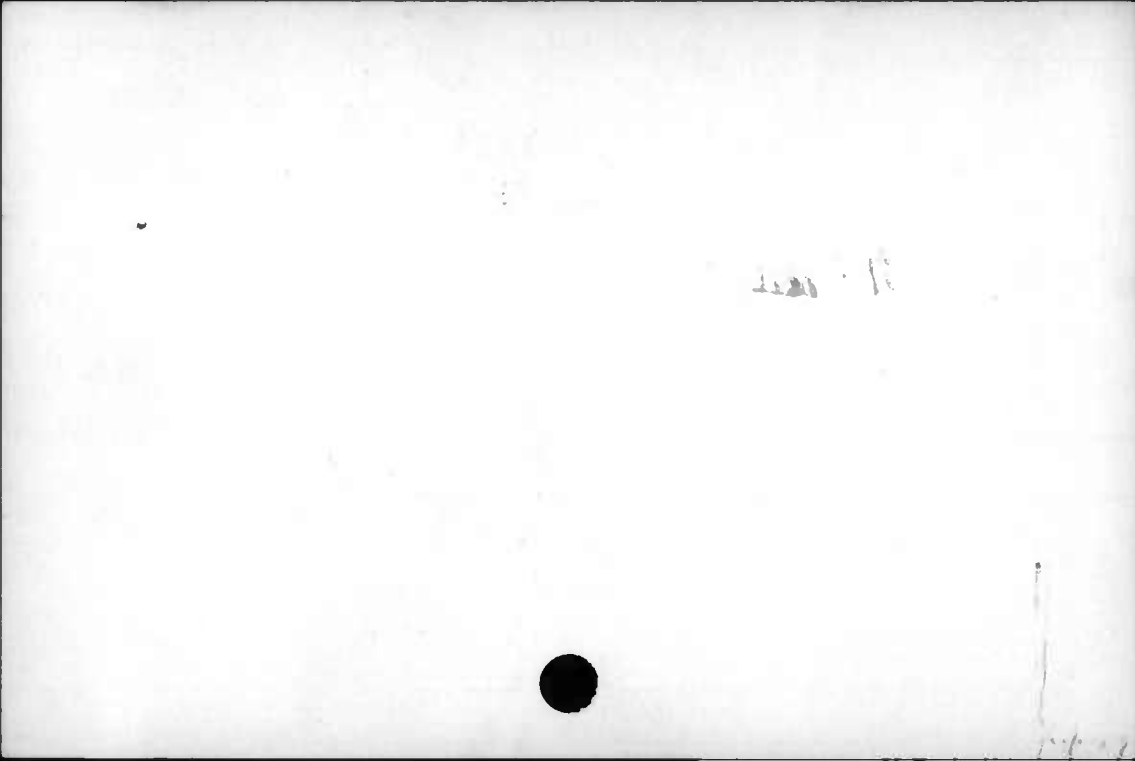
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blytheedale</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>1</i> ^{Month}	<i>11</i> ^{Day}	Age <i>44</i> ^{Years}	<i>6</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Blytheedale Md</i>		
Occupation <i>not any</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Jackson</i>		Father's Birthplace <i>Cecil Co</i>		Mother's Birthplace <i>" "</i>	
Mother's Maiden Name <i>Caroline Watson</i>		How related to deceased <i>sister</i>			
Name of person giving information <i>Caroline Patterson</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hypertension</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. R. Rump</i>
	Address <i>Perryville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

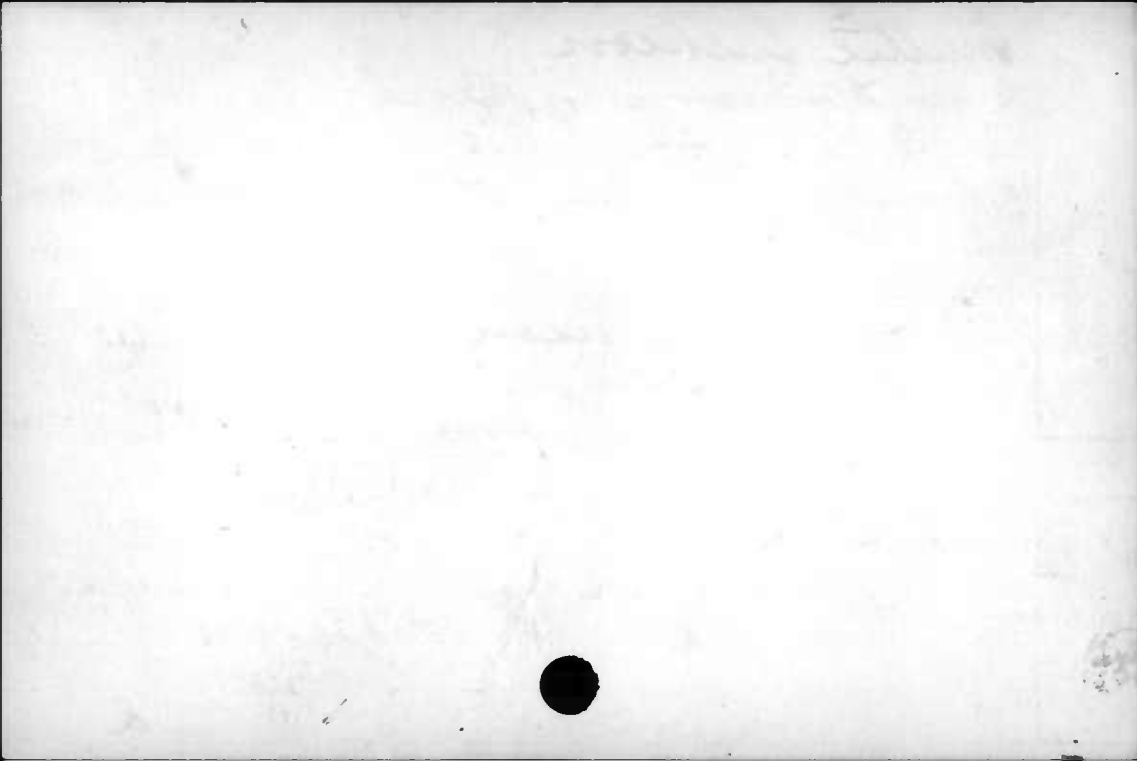
Name in Full <i>Mary Ann Jackson</i>		Town <i>Principio Furnace</i>		County <i> Cecil Co</i>		MARYLAND	
Died at <i>Principio Furnace</i>		Month <i>January</i>		Day <i>6</i>		Years <i>87</i>	
Date of death <i>1908</i>		Months <i>8</i>		Days <i>12</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Berlin, Tenn</i>			
Occupation <i>House</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Alexander Jackson</i>					
Father's Name <i>John Burroughs</i>		Father's Birthplace <i>Wilmington</i>					
Mother's Maiden Name <i>Mary Robinson</i>		Mother's Birthplace <i>New Castle, Del</i>					
Name of person giving information <i>Delia Simmons</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmities of old age</i>	How long <i>In Month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. M. Hunt</i>
	Address <i>Perryville, Md</i>
Accident or Suicide?	



Name
in
Full

Mattie Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

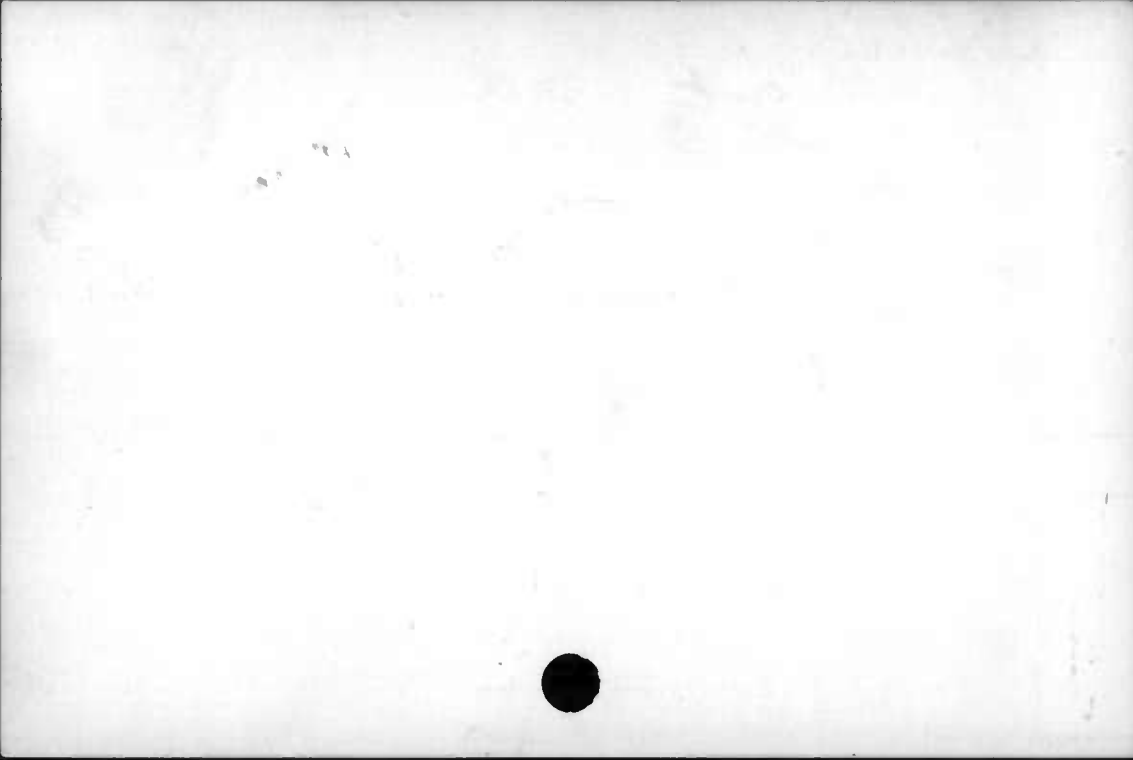
Died at <i>near Woodlawn</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>22</i>	Age <i>18</i>	Years <i>4</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Woodlawn Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Harvey Jackson</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Margaret-Kepler</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Harvey Jackson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Burned</i>	How long <i>10 days</i>
Immediate <i>Inanition</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>St. Brown</i>
	Address <i>Blytheville Ind</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sophie B. Jeffries*

Died at *North East* ^{Town} *Cal* County

Date of death *1908 Jan 27* Month *27* Day *63* Age *63* Years Months Days

Sex *Female* Color or Race *White* Birth-place *North East*

Occupation *Nurse* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Don Jeffries*

Father's Name *Wm Harvey* Father's Birthplace *Elkton*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving information *James E Jeffries* How related to deceased *Son*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Gastritis* How long *one year*

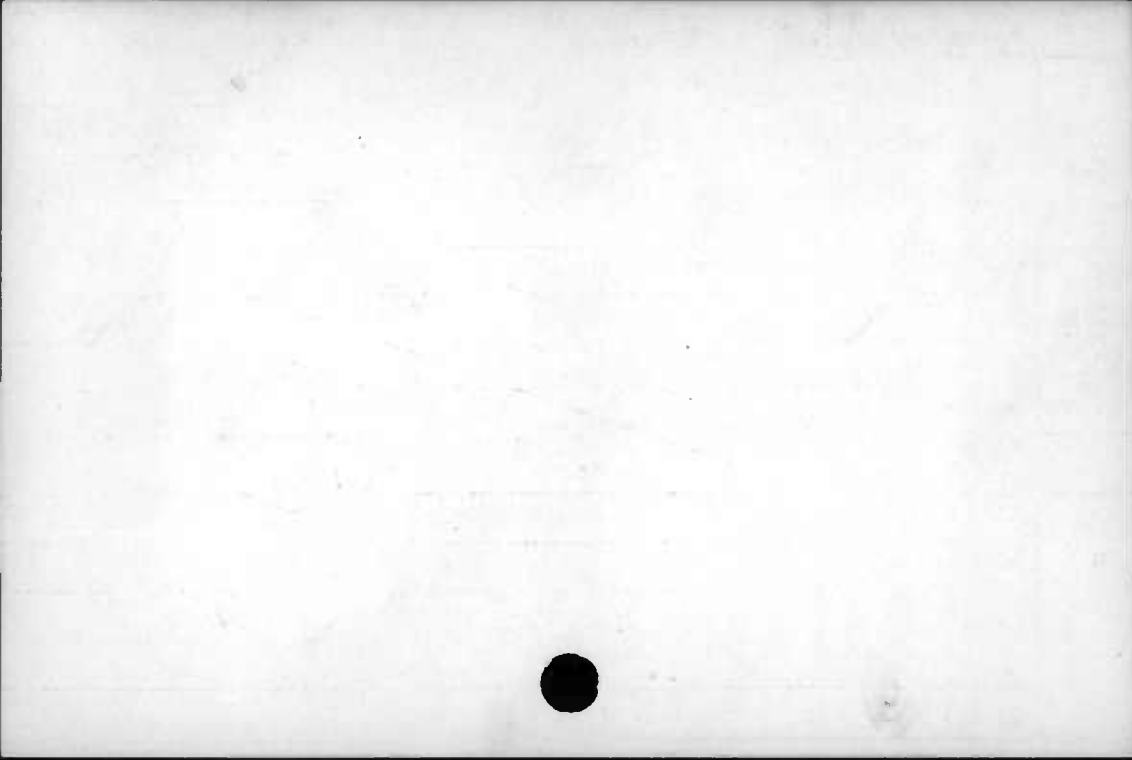
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Theo. A. Morrall*

Address *North East Md.*

Accident or Suicide?



Name
in
Full

Howard Krider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryville</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	1908	Month	1	Day	29
Sex <u>Male</u>		Color or Race <u>White</u>		Years	Months
Occupation		Birthplace <u>Perryville</u>		Days	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>John Krider</u>		Father's Birthplace <u>Pa</u>			
Mother's Maiden Name <u>Sarah Krider</u>		Mother's Birthplace <u>Pa</u>			
Name of person giving information <u>John Krider</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Progressive Cardiac Asthenia</u>	How long	<u>Short</u>
Immediate	<u>Progressive Cardiac Asthenia</u>	How long	<u>Time</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>L. G. Taylor</u>
Yes		Address	<u>Perryville, Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kear</i> <small>Town</small> <i>Earlville</i> <small>County</small> <i>Cecil</i>		MARYLAND			
Date of death <i>1908</i>	Month <i>1</i>	Day <i>26</i>	Age <i>31</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.-</i>			
Occupation <i>Labourer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Mow</i>				
Father's Name <i>James Maslin</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Helen Hazel</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Edward Maslin</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Gun Shot wound in Chest</i>	How long <i>30 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. M. Black</i>
	Address <i>Cecilton</i>
Accident or Crime	<i>Ind</i>



Name
in
Full

Margaret Biles Mockey

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

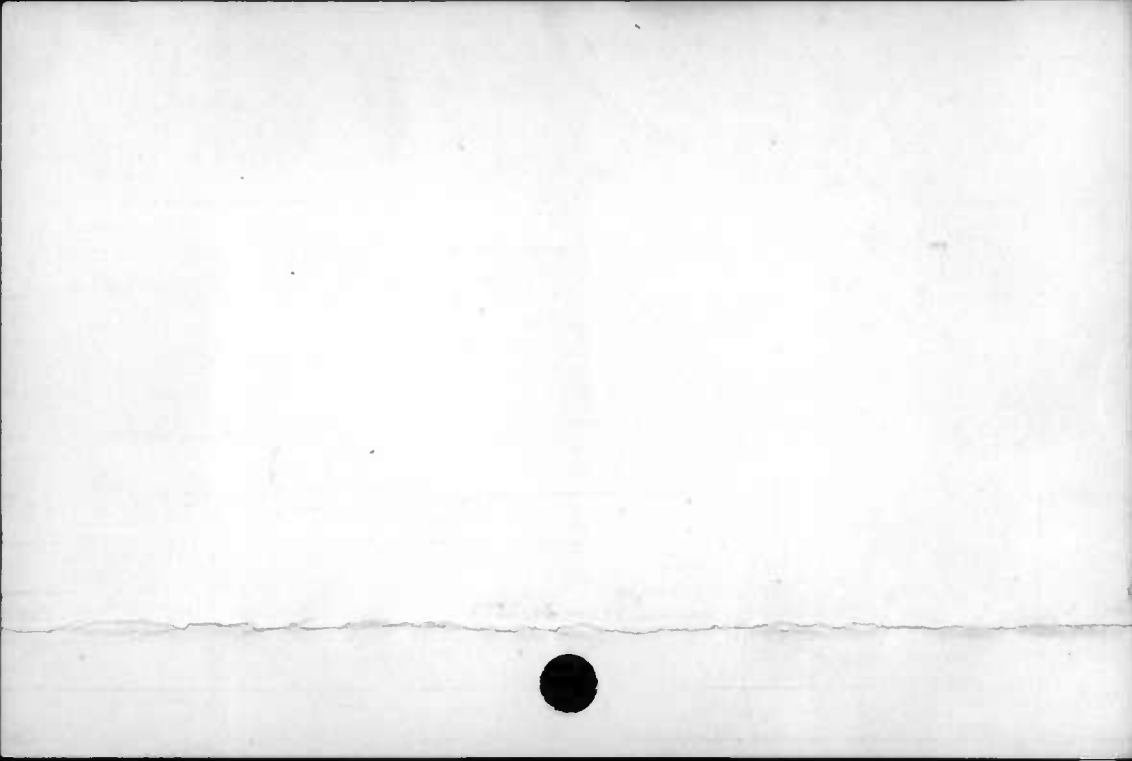
Died at		Town Bladensburg		County Cecil		MARYLAND	
Date of death		1908	Month 1	Day 17	Age 34	Months	Days
Sex Female		Color or Race White		Birth-place Ind			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband H H Mockey					
Father's Name J Ross Biles		Father's Birthplace Ind					
Mother's Maiden Name Archie Taylor		Mother's Birthplace Ind					
Name of person giving information H H Mockey		How related to deceased Wife					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency with Dilatation of heart.	How long Four Years.
Immediate	Broken compensation of heart.	How long Six months
Is the name, age, sex, color, date place correctly given above?		Signature of Physician Chas F Miller,
Yes.		Address North East, Ind.
		
		
Accident or Suicide?		



Name
in
Full

Robert Montgomery

74-25-1

CERTIFICATE OF DEATH

MARYLAND

Died at *Liberty Grove* Town*Cecil* CountyDate of death *1908* January

Month

Day

5

Age

Years

74

Month

1

Days

25

Sex

*male*Color or
Race*white*Birth-
place*Cecil Co,*

Occupation

*Farmer*Where Residing if not
at place of deathMarried,
or Widowed*Yes*Name of Wife or
Husband*Mary Montgomery*Father's
Name*John Montgomery*Father's
Birthplace*Harford Co*Mother's
Maiden Name*Catherine McCallough*Mother's
Birthplace*Cecil Co*Name of person giving
Information*J. N. Montgomery*How related
to deceased*Son*

CAUSES OF DEATH

178

Primary

Dropped dead working at stove,

How long

Immediate

No. post-mortem

How long

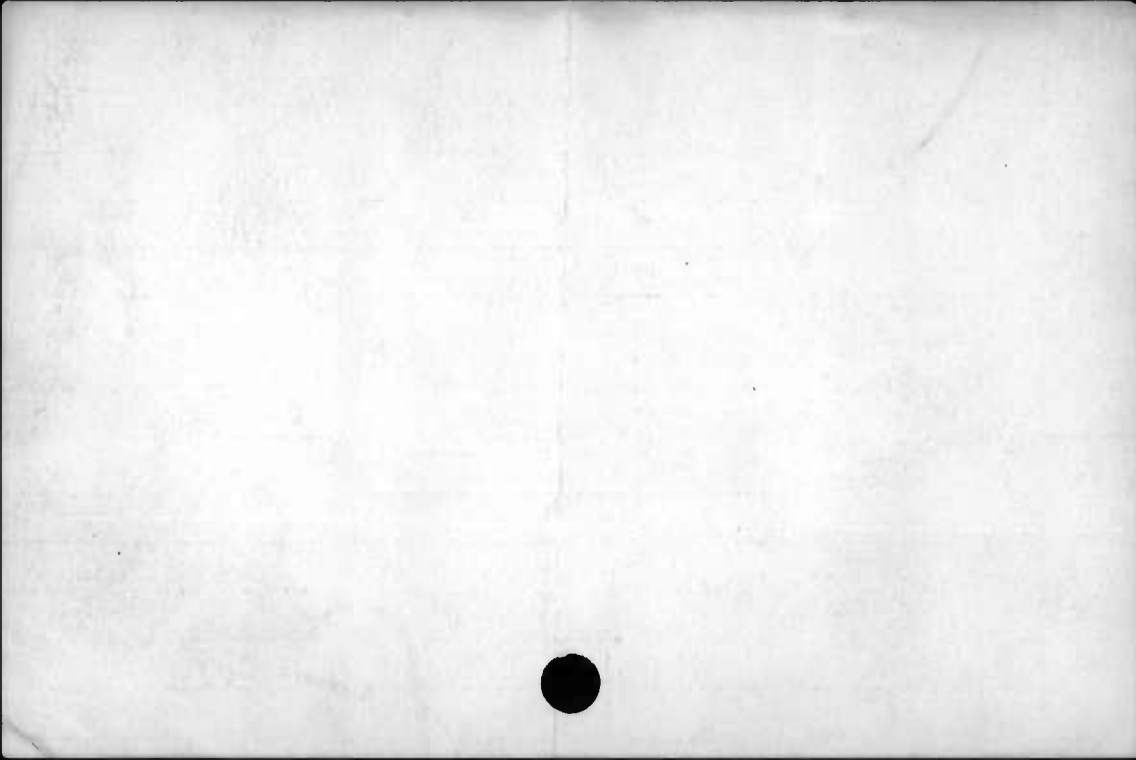
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. Shouland*

Address

Liberty Grove, Md

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Maria Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

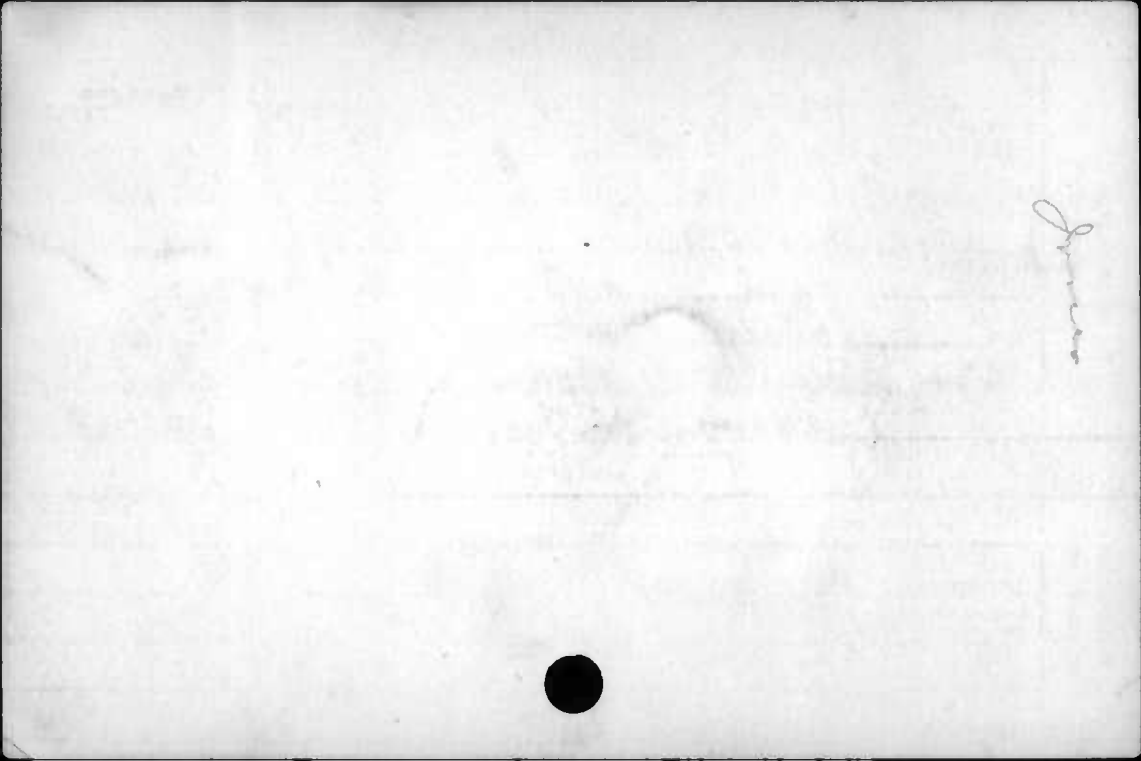
Died at <i>Elkton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>1</i>	Day	<i>14</i>
Age		Years		Months	Days
<i>85</i>		<i>85</i>		<i>—</i>	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Unknown</i>
Occupation	<i>Housekeeping</i>		Where Residing if not at place of death		
<i>—</i>		<i>—</i>			
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
<i>—</i>		<i>Lamont Moore</i>			
Father's Name	<i>Lamont Moore</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Maria Moore</i>			Mother's Birthplace	<i>Cecil Co</i>
Name of person giving information	<i>Lamont H. Moore</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>apoplexy.</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
<i>9</i>	<i>Wm D Hawley</i>		
Address	<i>Elkton</i>		
Accident or Suicide?	<i>md.</i>		



Name
in
Full

Mr Taylor W Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

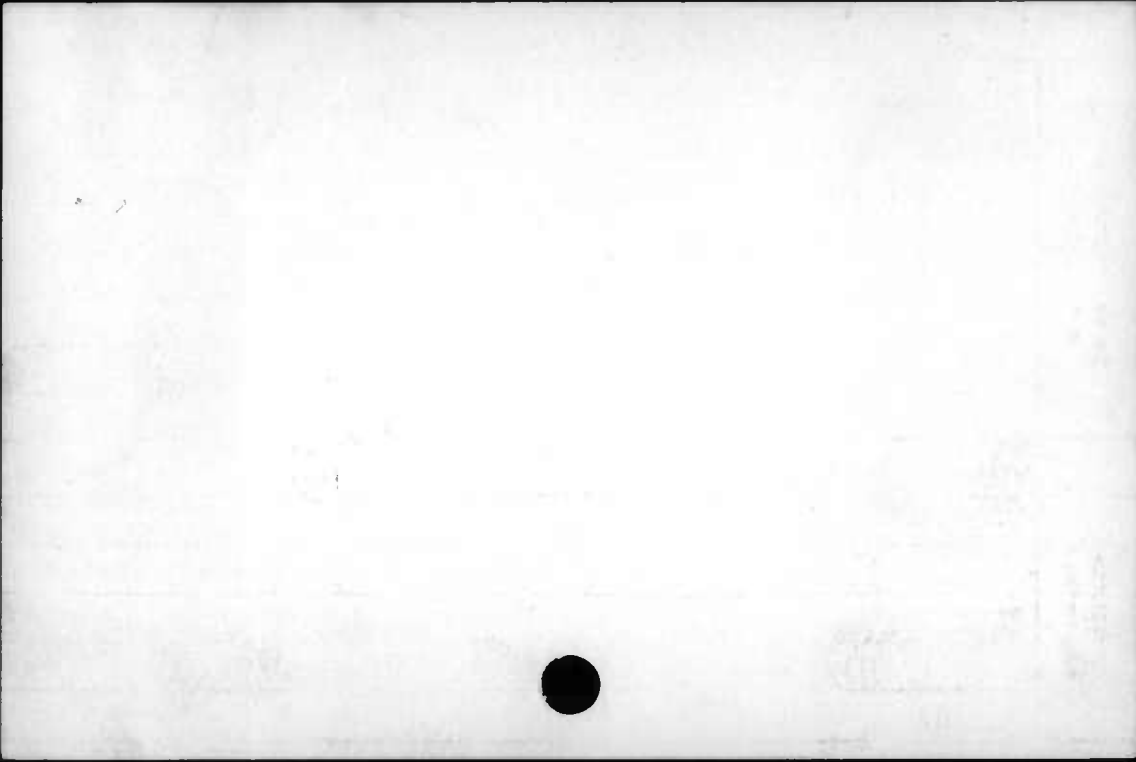
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Jan	19	52		4	22
Sex	male	Color or Race	white	Birth-place	Becl. Co. Md		
Occupation	farmer		Where Residing if not at place of death		Becl. Co. Md		
Married, Single or Widowed	married		Name of Wife or Husband		Hannah R. Moore		
Father's Name	Gibbons P. Moore				Father's Birthplace	Becl. Co. Md	
Mother's Maiden Name	Sarah C. Taylor				Mother's Birthplace	Becl. Co. Md	
Name of person giving information	George P. Moore				How related to deceased	Sons	

CAUSES OF DEATH

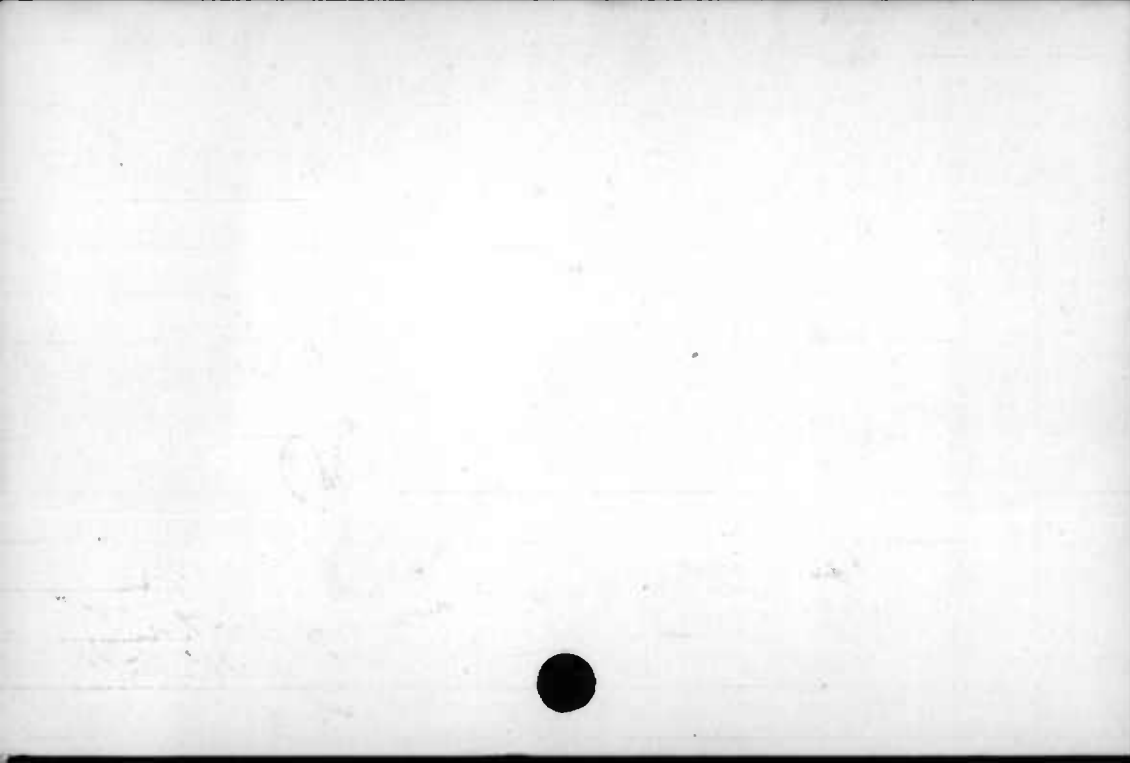
10

PHYSICIAN
OR CORONER

Primary	Larynx	How long	Two weeks
Immediate	asthma	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. S. [Signature]
		Address	
Accident or Suicide?			



Name in Full		Mary W Nelson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Eckton		County		Cecil
	Date of death		1905	Month	1	Day	18
	Age		75		Years		
	Sex		Female		Color or Race	White	
	Birth-place		Md				
	Occupation		Milliner		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of wife or Husband		Wm Nelson
Father's Name		Ellis Jones		Father's Birthplace		Md	
Mother's Maiden Name		Mary Pryor		Mother's Birthplace		Del	
Name of person giving information		Rickety Nelson		How related to deceased		Son	
<div>CAUSES OF DEATH</div> <div>81</div>							
PHYSICIAN OR CORONER	Primary		Arterio Sclerosis		How long		3 or 4 years
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. Arthur Mitchell M.D.
					Address		Eckton Md.
<div>9</div> <div>Accident or Suicide?</div>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

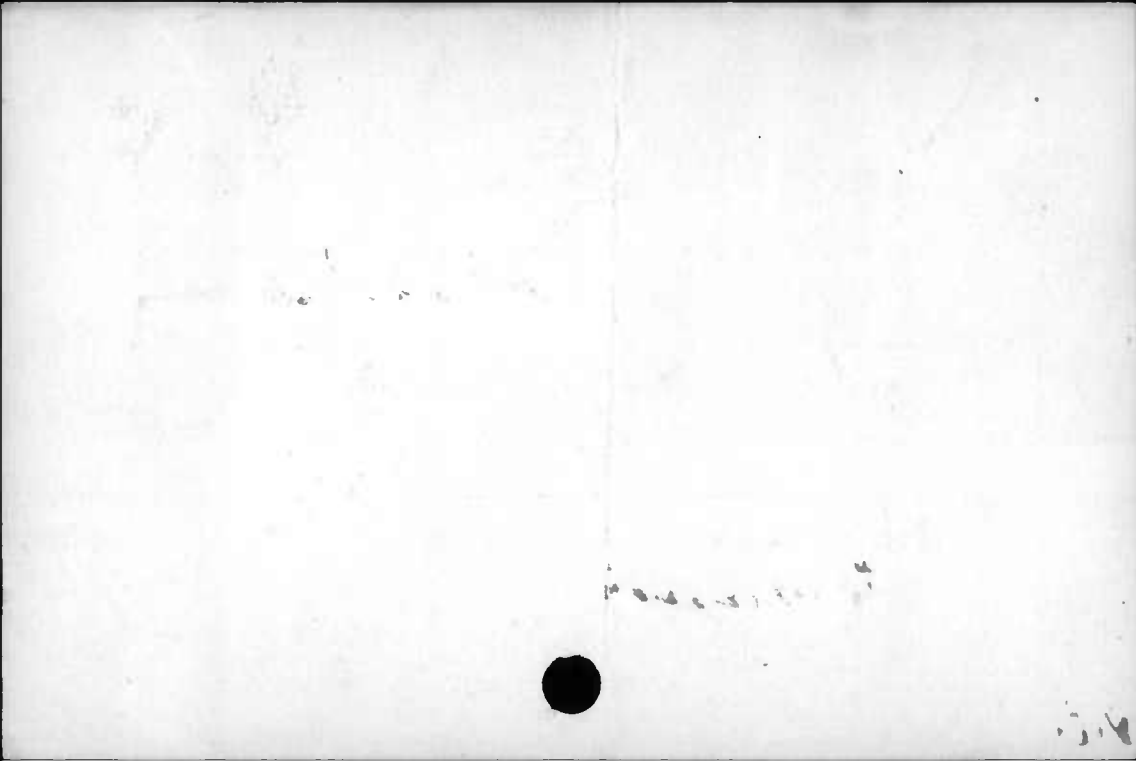
Name in Full James I Norville		Town Liberty Grove		County Calver		State MARYLAND	
Died at Liberty Grove		Month Jan		Day 8		Age 71	
Date of death 1908 Jan 8		Months —		Years —		Days —	
Sex Male		Color or Race white		Birth-place Seat Co			
Occupation Laborer		Where Residing if not at place of death home					
Married, Single or Widowed Married		Name of Wife or Husband Harnette Norville					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information John I Norville		How related to deceased Son					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Carcinoma of Stomach	How long 4 mo
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Ernest Rowland
	Address Liberty Grove Md
Accident or Suicide? 9	



Name

In Full

Harold L. Rhoades

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

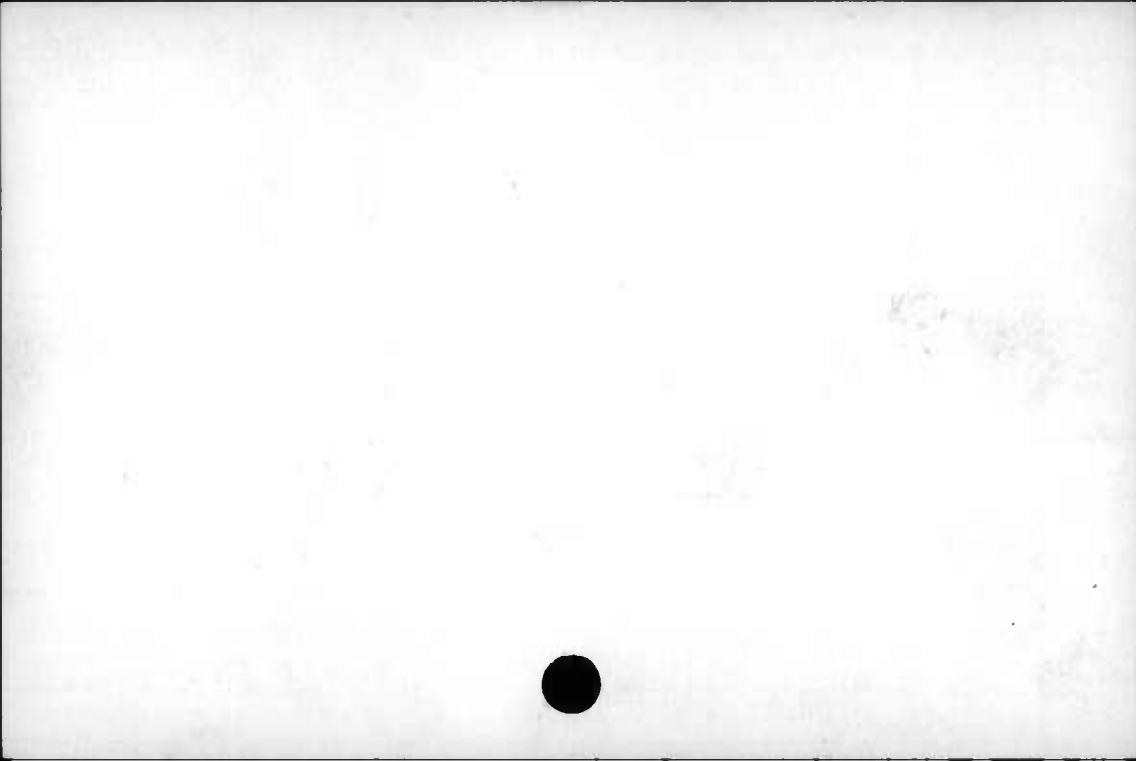
Died at <i>Near Cecilton</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>1</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>22</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co. Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harold E. Rhoades</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Clara R. Lynan</i>	Mother's Birthplace <i>Del.</i>				
Name of person giving information <i>Clara R. Lynan</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>12 days</i>
Immediate <i>Nephritis - Heart - Failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Crawford</i>
	Address <i>Cecilton Md</i>
Accident or Suicide?	



Name
In
Full

William J Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

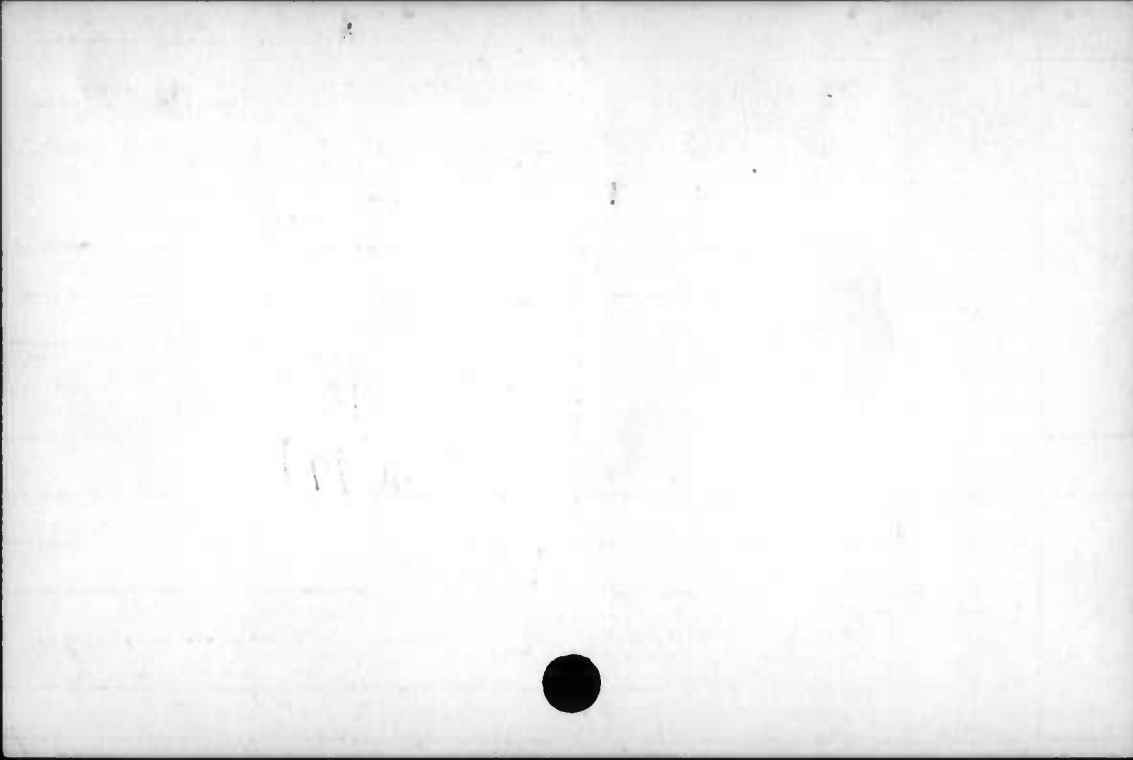
Died at <i>Near Earleville</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>30th</i>	Age <i>68</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca M. Richards</i>				
Father's Name <i>Jos S Richards</i>	Father's Birthplace <i>Del</i>		Mother's Birthplace <i>Del</i>		
Mother's Maiden Name <i>Rebecca Murphy</i>	How related to deceased <i>Son in Law</i>				
Name of person giving information <i>J. C. Royston</i>					

CAUSES OF DEATH

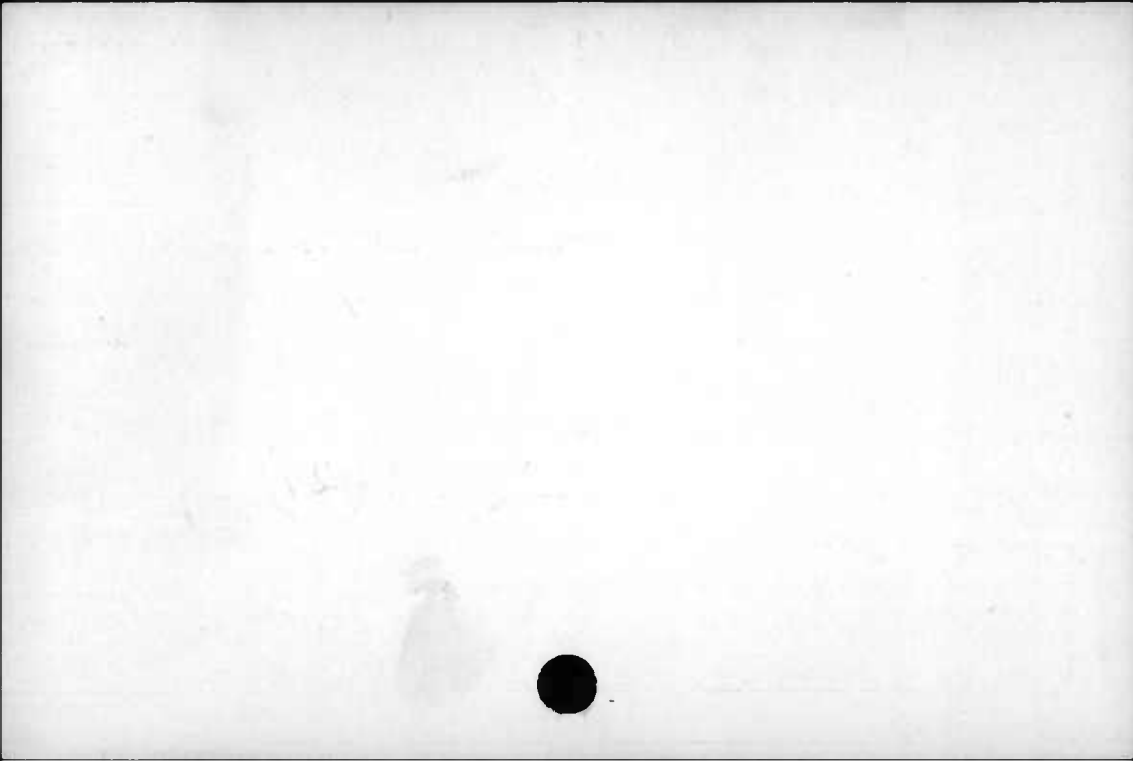
79

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>	How long <i>2m years</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. N. Graef</i>
	Address <i>Cecil Co Md</i>
Accident or Suicide?	



Name in Full		Edward L. Riley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rock Springs		Cecil		MARYLAND	
	Date of death		1908		Age		29	
	Month		1		Day		13	
	Sex		male		Color or Race		white	
	Occupation		Laborer		Birth-place		Cecil Co.	
	Where Residing if not at place of death							
	Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Henry Riley		Father's Birthplace		Md		
Mother's Maiden Name		Martha E. Riley		Mother's Birthplace		Md		
Name of person giving information		Henry Riley		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Tubercular Consumption				(27) How long	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. F. Peoples M.D.			
	Address		Kirk's Mills Pa.					
	Accident or Suicide?							



Name
in
Full

Henry Robinson

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

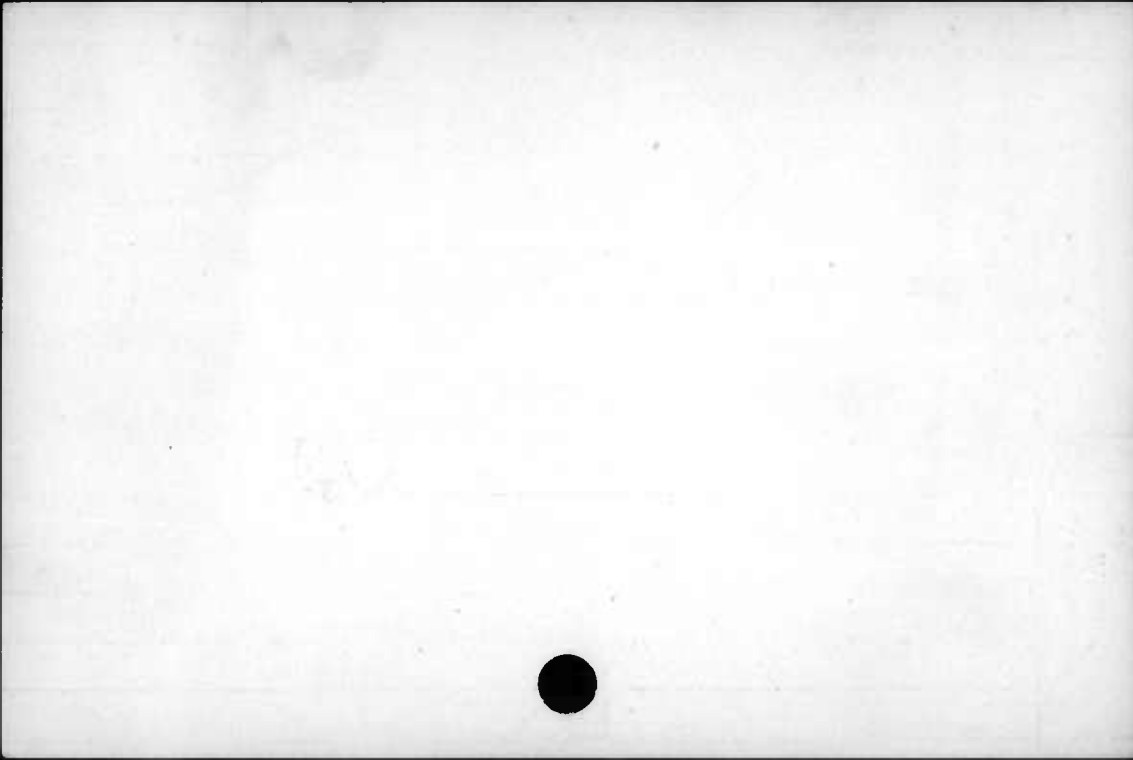
Died at		Town Elkton		County Cecil		MARYLAND	
Date of death	1908	Month 1	Day 21	Age 65	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Unknown
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	John Robinson			
Father's Name	No information					Father's Birthplace	Unknown
Mother's Maiden Name	No information					Mother's Birthplace	Unknown
Name of person giving In formation	John Robinson					How related to deceased	Husband

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Grippe	How long	11 days
Immediate	Croup Pneumonia	How long	9 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Flatten Mitchell M.D.
		Address	Elkton Md.
			
			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth E Rose

TO BE ANSWERED BY
NEAREST FRIEND

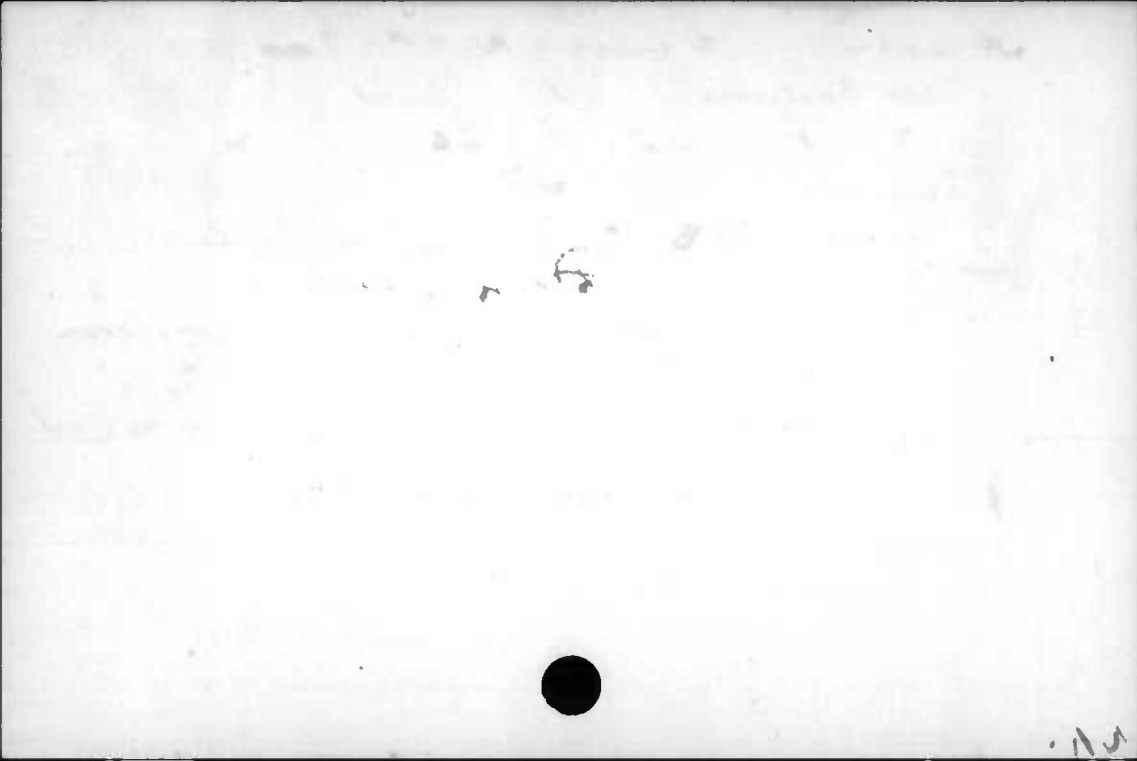
Died at <i>North East</i> ^{Town}		<i>cecil</i> ^{County}		MARYLAND	
Date of death	1908	Month	January	Day	7
Age	46	Years		Months	9
Sex	Female	Color or Race	White	Birth-place	Gesley Md
Occupation	House keeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	George Rose		
Father's Name	J W Hamelton		Father's Birthplace	cecil county	
Mother's Maiden Name	Annie Muller		Mother's Birthplace	cecil county	
Name of person giving information	Edna Hamelton		How related to deceased	daughter	

CAUSES OF DEATH

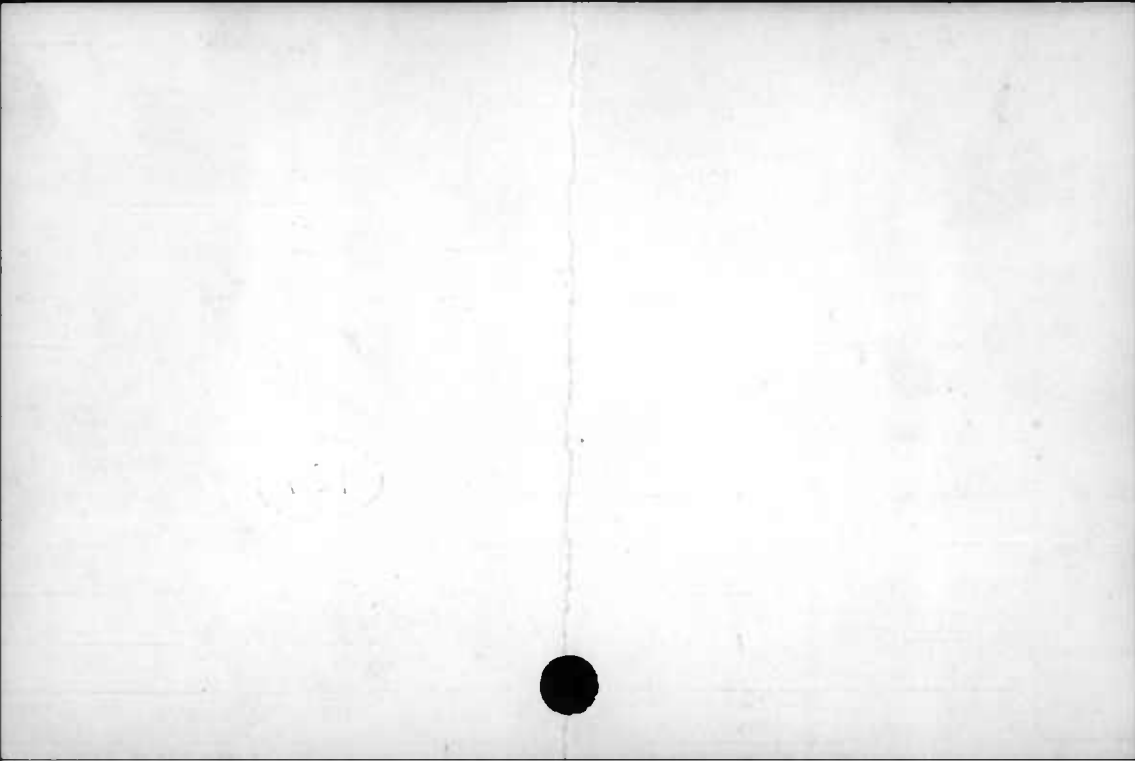
(27)

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>		How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. Hamelton</i>		
		Address <i>N. East</i>		
Accident or Suicide		<i>Mr</i>		



Name in Full		Annie Slauch. Schlemm				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Eastville</i>		Town <i>Eastville</i>		County <i>Ohio</i>	
		Date of death <i>1908</i>		Month <i>1</i>	Day <i>25</i>	Age <i>66</i>	Years <i>66</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Eastville</i>			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
TO BE ANSWERED BY NEAREST FRIEND		Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>			
		Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>			
		Name of person giving information <i>B. B. Graycroft</i>		How related to deceased <i>Son in Law</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; width: 50px; margin: 0 auto;">154</div>							
PHYSICIAN OR CORONER		Primary <i>Senile Dementia</i>		How long <i>5 weeks</i>			
		Immediate <i>Exhaustion</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Jackson Gray</i>			
				Address <i>Chapman St</i>			
		Accident or Suicide?					



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

Died at Mechanics Valley

Sex	Male	Color or Race	
-----	------	---------------	--

Occupation *Cassidy*

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name Thomas S.

Mother's
Maiden Name Hester

Name of person giving information *E. J. [Signature]*

Information *and* 16

Primary	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Araritinga

Immediate _____

Are the name, age, sex, color, date and place correctly given above?

~~Account of Salsola?~~

Age 71 Years

White-

Where Residing if not
at place of death

Ami's


John H.

2. 1. 1

Hubeson

AGES OF DEATH

conomy

Signature of Physician 

Address _____

10

MARYLAND

Months

Days

Birth-
place

Father's Birthplace

Mother's Birthplace

How related
to deceased

How To Do It

How long

CAUSES OF DEATH

120

How long
How long

LIBRARY BUREAU A98819

Cherry Hill Conn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John W. Sette
Eck Mills

Town

County

Beall

MARYLAND

Date

of death 1908

Month

Jan

Day

23

Age

Years

75

Months

10

Days

Sex

Male

Color or
Race

white

Birth-
place

Penna

Occupation

Dealer in produce

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Markey

Father's
Name

Thomas Sette

Father's
Birthplace

Germany

Mother's
Maiden Name

Rubecca Huser

Mother's
Birthplace

Germany

Name of person giving
Information

W. J. Sette

How related
to deceased

Son

CAUSES OF DEATH

108

Primary

Strangulated Hernia

How long

1 week

Immediate

Peritonitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. J. Carrico M.D.

Address

Cherry Hill, Md

Accident or Suicide?

961



Name
In
Full

Elsie Sewell

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

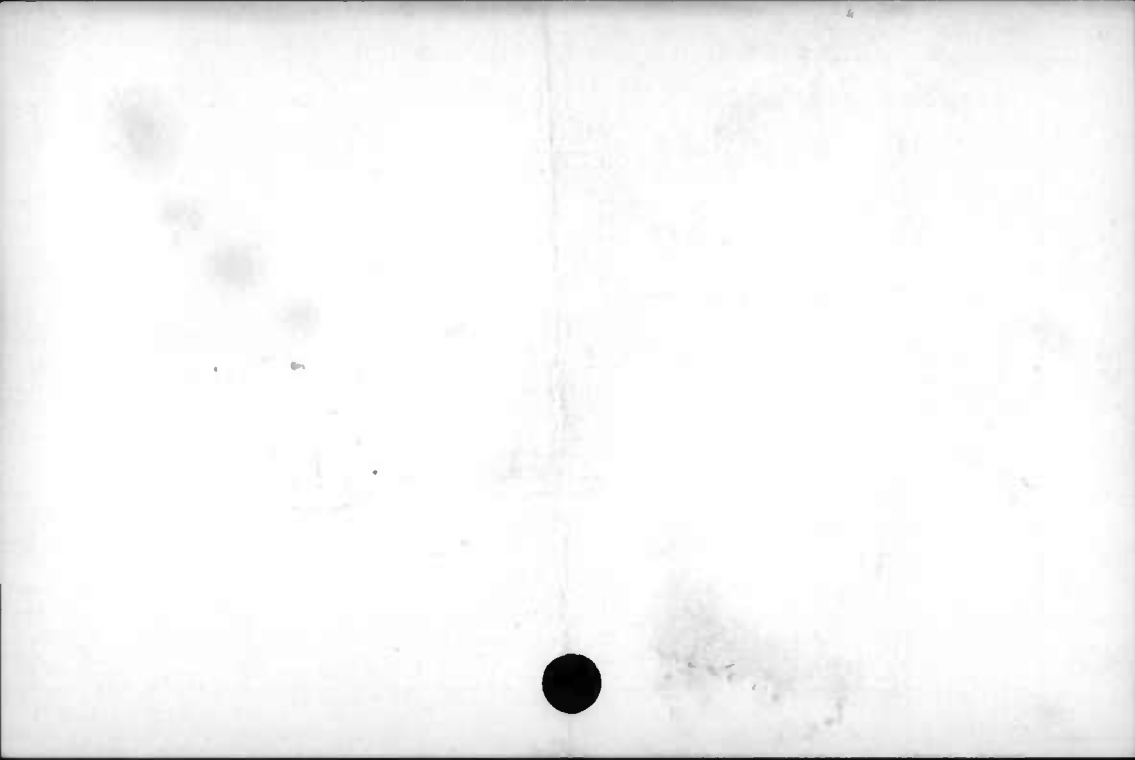
Died at <i>Near Earleville</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>1</i>		Day <i>24</i>		Years <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Cecil Co. Md.</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband		Father's Birthplace <i>Cecil Co. Md.</i>		Mother's Birthplace <i>Cecil Co. Md.</i>	
Father's Name <i>John Sewell</i>		Mother's Maiden Name <i>Elysia Farrell</i>		Name of person giving information <i>David Melborn</i>		How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>No. Dr in attendance</i>		How long <i>Sick</i>	
Immediate		How long <i>2 or 3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>J. H. Black Sub Regt</i>	
Accident or Suicide?		<i>Cecil Co. Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob Shearwood.</i>				County <i>Cecil</i>		TOWN <i>Albion</i>		MAYLAND	
Died at <i>Albion</i>		Month <i>Jan.</i>		Day <i>31</i>		Age <i>Unknown</i>		Months <i></i> Days <i></i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>			
Occupation <i>Unknown</i>				Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i></i>				Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i></i>				How related to deceased <i></i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>1 day</i>	
Immediate <i>"</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Chas. F. Miller</i>	
<i></i>		Address <i>North East</i>	
Accident or Suicide? <i></i>		<i>Ind.</i>	

(13)



Name
in
Full

Geo Waibel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Port-Deposit* Town *Cecil* County

MARYLAND

Date of death *1908* Month *1* Day *22* Age *80* Years Months *1* Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Iron knoulder* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Waibel*

Father's Name *Unknown* Father's Birthplace

Mother's Maiden Name *Unknown* Mother's Birthplace

Name of person giving information *Margaret Waibel* How related to deceased *Wife*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart's* How long *several years*

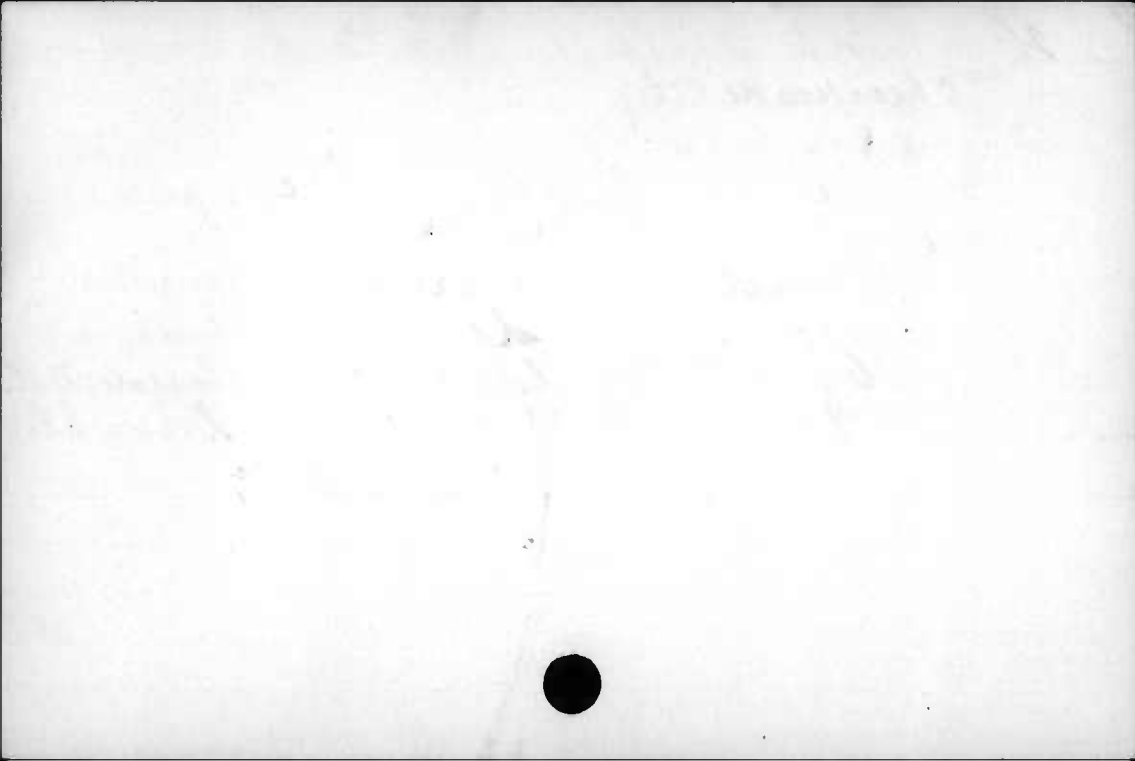
Immediate *Heart failure* How long *45 min*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Fisher*

Address *Port Deposit, Md.*

Accident or Suicide? *No*



Name
in
Full

Hannah Griffith Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

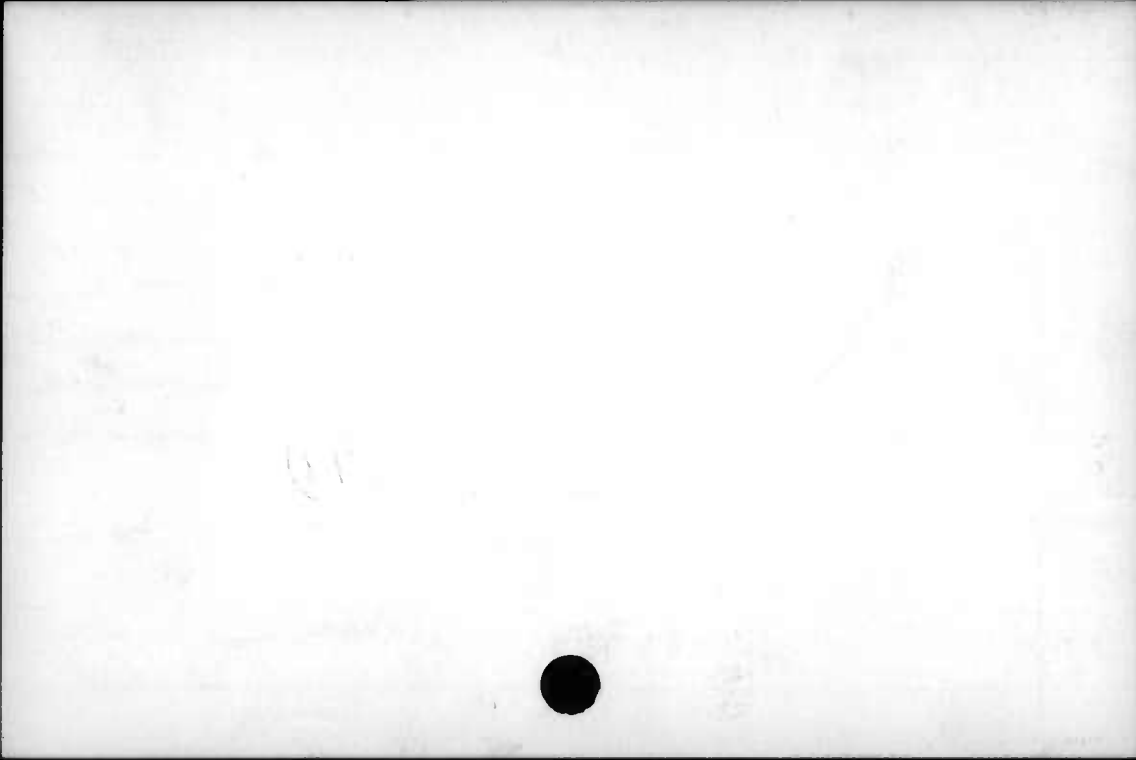
Died at ^{near} <i>Chesapeake City</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1908 January 16</i>		Age <i>67</i>		Months <i>15</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	^{near} Birth-place <i>Chesapeake City</i>			
Occupation <i>Homemaker</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife ^{Husband} <i>Charles Walters</i>			
Father's Name <i>George H. Boulden</i>		^{near} Father's Birthplace <i>Chesapeake City</i>			
Mother's Maiden Name <i>Harriet Boulden</i>		Mother's Birthplace <i>Glasgow, Del.</i>			
Name of person giving information <i>Mary C. H. Walters</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis with Heart Disease</i>	How long <i>2 years</i>
Immediate <i>Ischemic cardiac exhaustion</i>	How long <i>3 1/2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. Harnes M.D.</i>
	Address <i>Chesapeake City, Del.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Amos S. Weaver,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near <i>Flu Union</i>		County <i>Dee</i>		MARYLAND	
Date of death		Month <i>1</i>	Day <i>14</i>	Age <i>57</i>	Years <i>57</i>	Months <i>6</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Maryland</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah J. Weaver</i>					
Father's Name <i>George C. Weaver</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Martha Lize</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Richard J. Mahoney</i>		How related to decedent <i>Sister</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis (Pulmonary)</i>	How long	<i>5 months</i>
Immediate	<i>Tubercular heart disease</i>	How long	<i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Clifton G. Lenz M.D.</i>	
		Address <i>Cheverly, Md.</i>	
Accident or Suicide?			

William Weaver.

Dr. Law.

195-

Name in Full		Thomas West				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Alms House		Cecil Co		MARYLAND	
	Date of death	1908	Month 1	Day 8	Age 39	Month 3	Days 14
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Alms House	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John West				Father's Birthplace	Penna
	Mother's Maiden Name	Clementine White				Mother's Birthplace	"
	Name of person giving information	Mrs. J. West				How related to deceased	Brother
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">64</div>							
PHYSICIAN OR CORONER	Primary	Apoplexy				How long	24 hours.
	Immediate	"				How long	"
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	Chas. H. Miller	
					Address	North East, Md.	
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Sallie J. Horrilow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

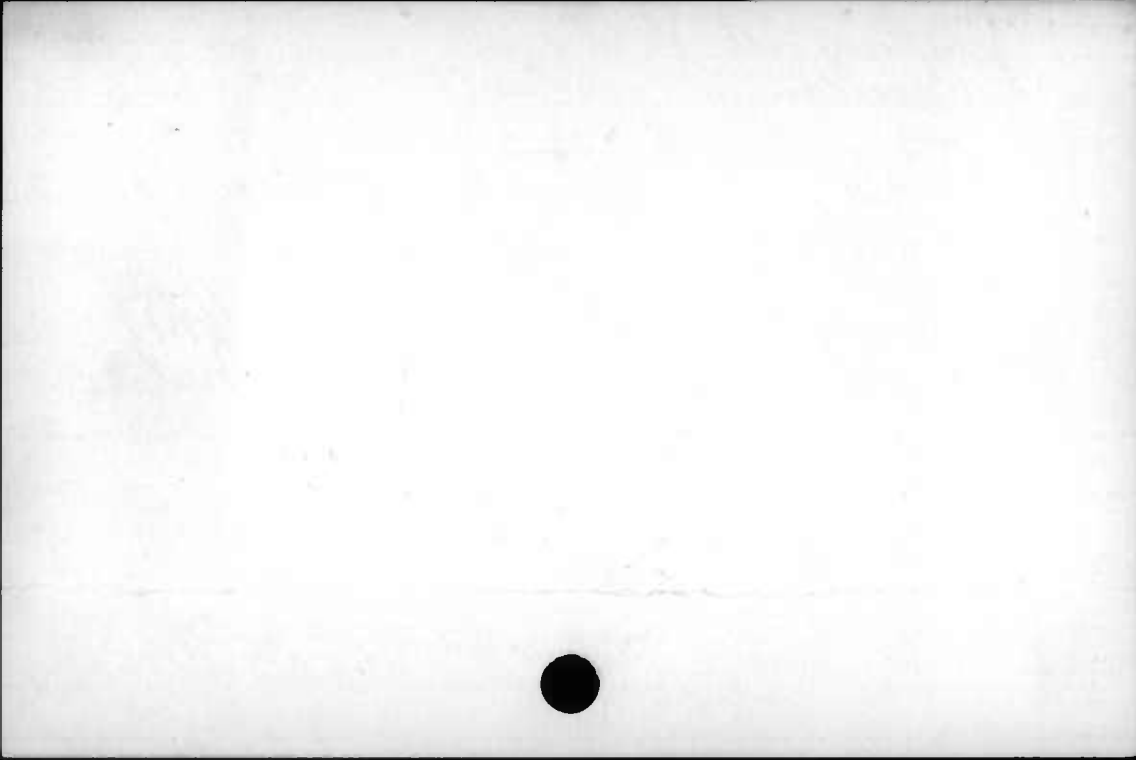
Died at <u>near Cabert</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>16</u>	Age <u>79</u>	Months <u>3</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Del. Co. Pa.</u>		
Occupation <u>no</u>			Where Residing if not at place of death <u>near Cabert - Md.</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Nicholas J. Horrilow</u>				
Father's Name <u>William Hawter</u>	Father's Birthplace <u>Del. Co. Pa.</u>				
Mother's Maiden Name <u>Mary Johnson</u>	Mother's Birthplace <u>Del. Co. Pa.</u>				
Name of person giving information <u>Anna Berriker</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

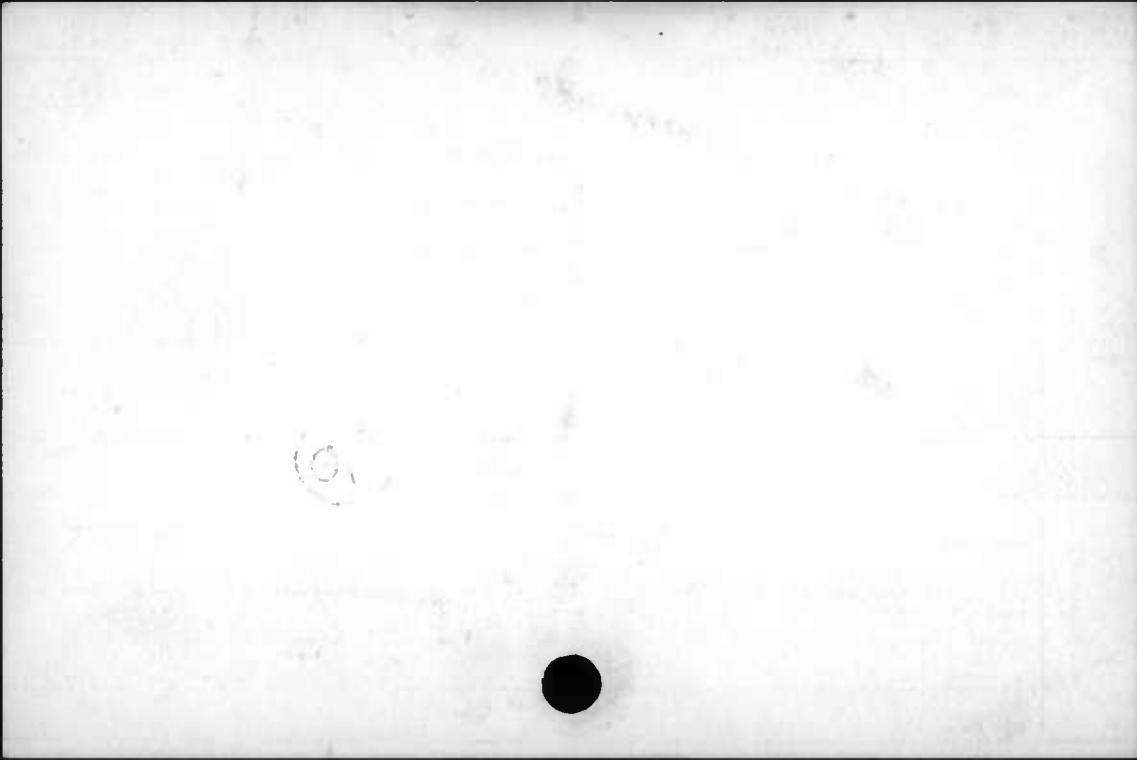
79

PHYSICIAN
OR CORONER

Primary <u>Calcular Disease of Heart</u>	How long <u>about 3 years</u>
Immediate <u>as</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. H. Richards</u>
<u>9</u>	Address <u>Colebrook - Md.</u>
Accident or Suicide?	



Name in Full Joshua W. Wright		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cecil <small>Town</small>	Cecil <small>County</small>	
	Date of death 1908 <small>Month</small> 1 <small>Day</small> 8 <small>Years</small> 58		MARYLAND <small>Months</small> <small>Days</small>
	Sex Male	Color or Race Black	Birth-place Cecil Co. Ind.
	Occupation Laborer	Where Residing if not at place of death	
	Married, Single or Widowed Married	Name of Wife or Husband Ella Wright	
	Father's Name Joseph Wright	Father's Birthplace Ind -	
	Mother's Maiden Name Rebecca Farrell	Mother's Birthplace Ind -	
Name of person giving information Charles Wilson	How related to deceased None		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Valvular Heart - Disease	How long 2 Years	
	Immediate Infarction Endocarditis	How long 24 hours	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E. H. Graefort	
	Address Cecil Co. Ind.		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Eli Wyre

Town

North East

County

MARYLAND

Died at

Date

of death

1908

Month

Jan

Day

8

Age

52

Years

10

Months

4

Days

Sex

Male

Color or
Race

White

Birth-
place

Cecil

Occupation

Lion Worker

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary Wyre

Father's
Name

David Wyre

Father's
Birthplace

Pa.

Mother's
Maiden Name

Murray

Mother's
Birthplace

Pa.

Name of person giving
Information

Anna Reed

How related
to deceased

Sister

CAUSES OF DEATH

93

Primary

Pneumonia

How long

Four months

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L. F. Hamrick

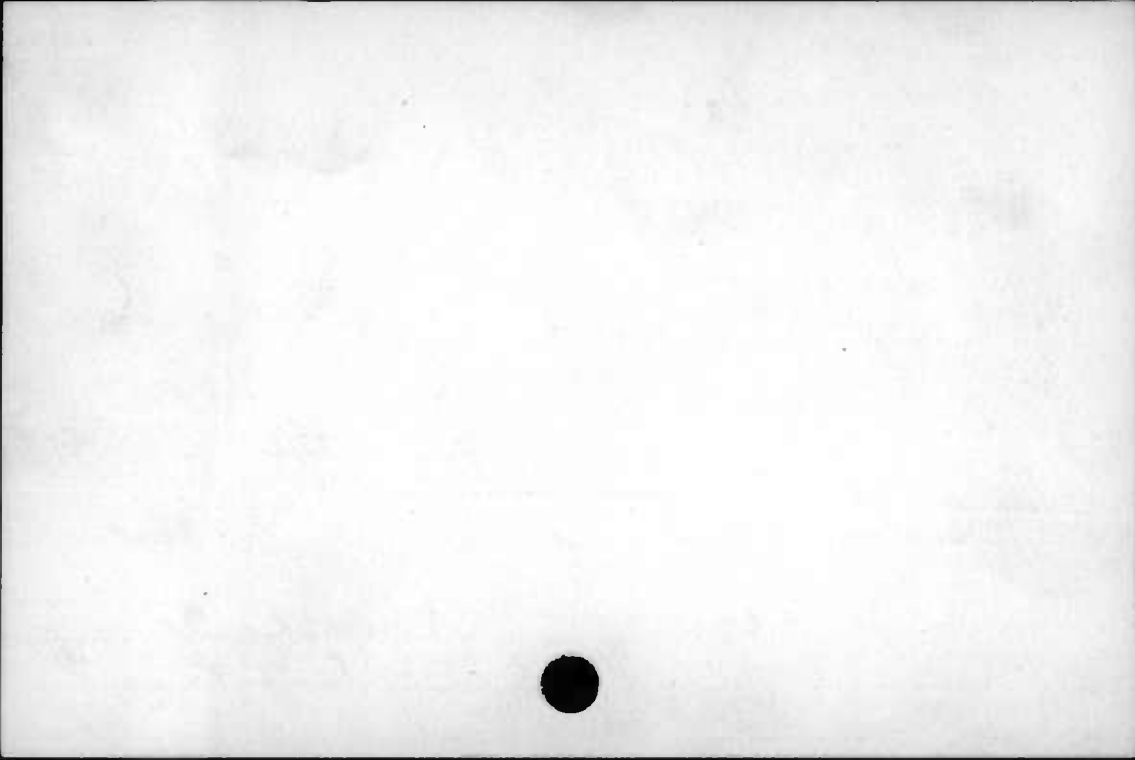
Address

North East Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

B.R.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cecilton</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>5</i>	Age <i>11</i>	Years	Months <i>6</i>	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cecil Co. Md.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Geo. C. Young</i>		Father's Birthplace <i>Cecil Co. Md.</i>					
Mother's Maiden Name <i>May Thompson</i>		Mother's Birthplace <i>Cecil Co. Md.</i>					
Name of person giving information <i>Geo. C. Young</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Am. Black</i>
<i>9</i>	Address <i>Cecilton Md</i>
Accident or Suicide?	

